DECEMBER 12 1998

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Welsh Office threat to rural pharmacy

DoH issues deluge of new NHS guidance

Pharmacists need to unite for HImPs

Gloomiest Christmas for two decades in store for retailers

AAH trains pharmacies for niche health pilot

Qualified from the workplace, not the ivory tower

Online at http://www.dotpharmacy.com/

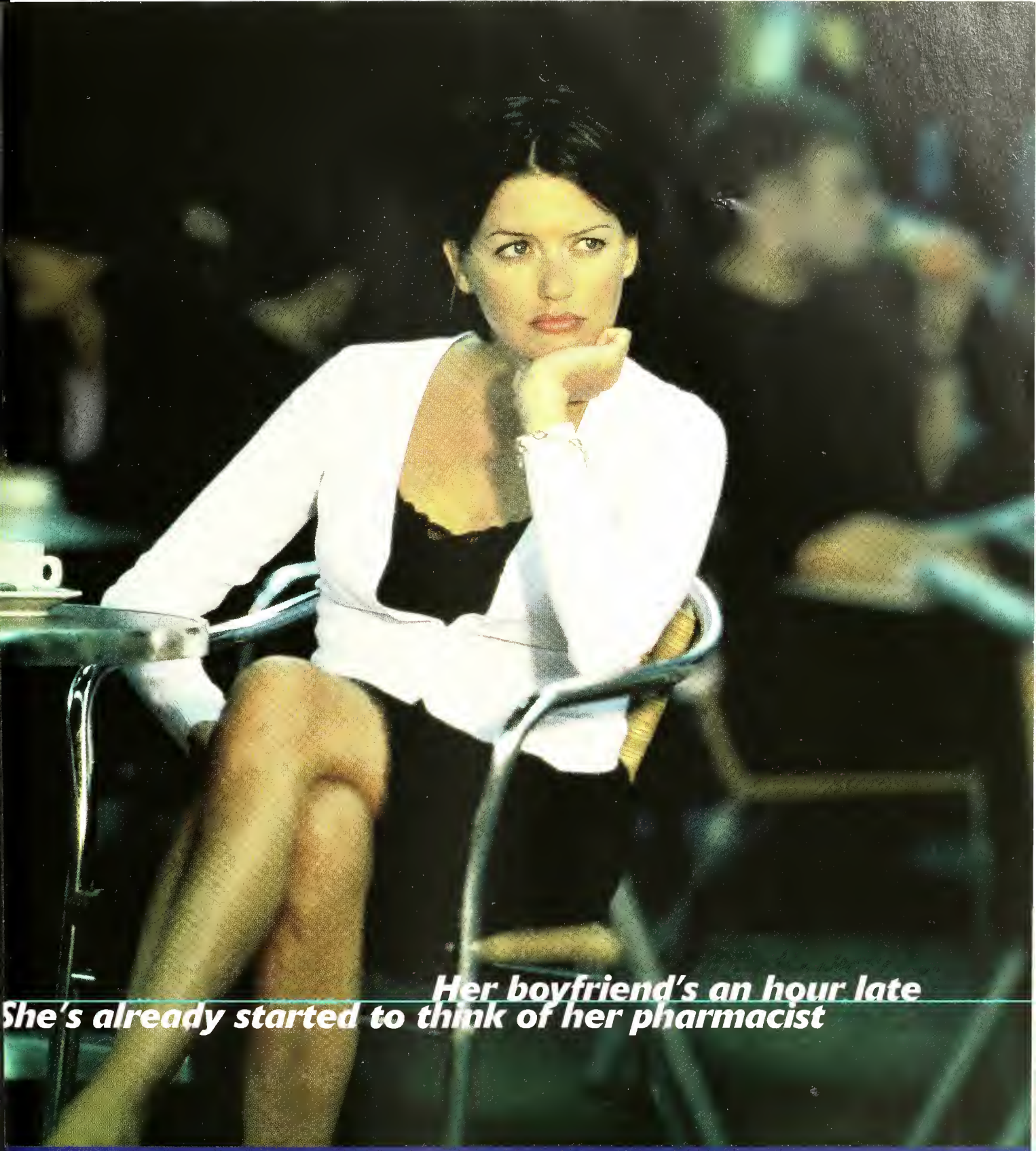
Truth is, she's thinking of how to beat her desire for a cigarette. And her pharmacist's advice has been crucial. She was recommended NiQuitin CQ.

The NiQuitin CQ patches have certainly helped take the edge off the need, making each day more bearable. But enrolling in the Committed Quitters Stop Smoking Plan put everything into perspective. It's personalised for her, and that's how she knew a restless wait could

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm^2 patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm^2 patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm^2 patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may removed before going to bed. However, 24 hour use is recommended for optimum effect aga morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or n Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smo or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doct advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vasc disease, recent myocardial infarction), uncontrolled hypotension; severe renal or he impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, at or eczematous dermatitis. Concomittant medication may need dose adjustment due to red nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, ins adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Pati should be warned not to smoke or use other nicotine-containing patches or gums when u

SB

Warners Tablets



e tough. And it's how she knew the way to cope.
o why think of her pharmacist? Because at least
hen it comes to giving up smoking, it's good to
now she's not alone.

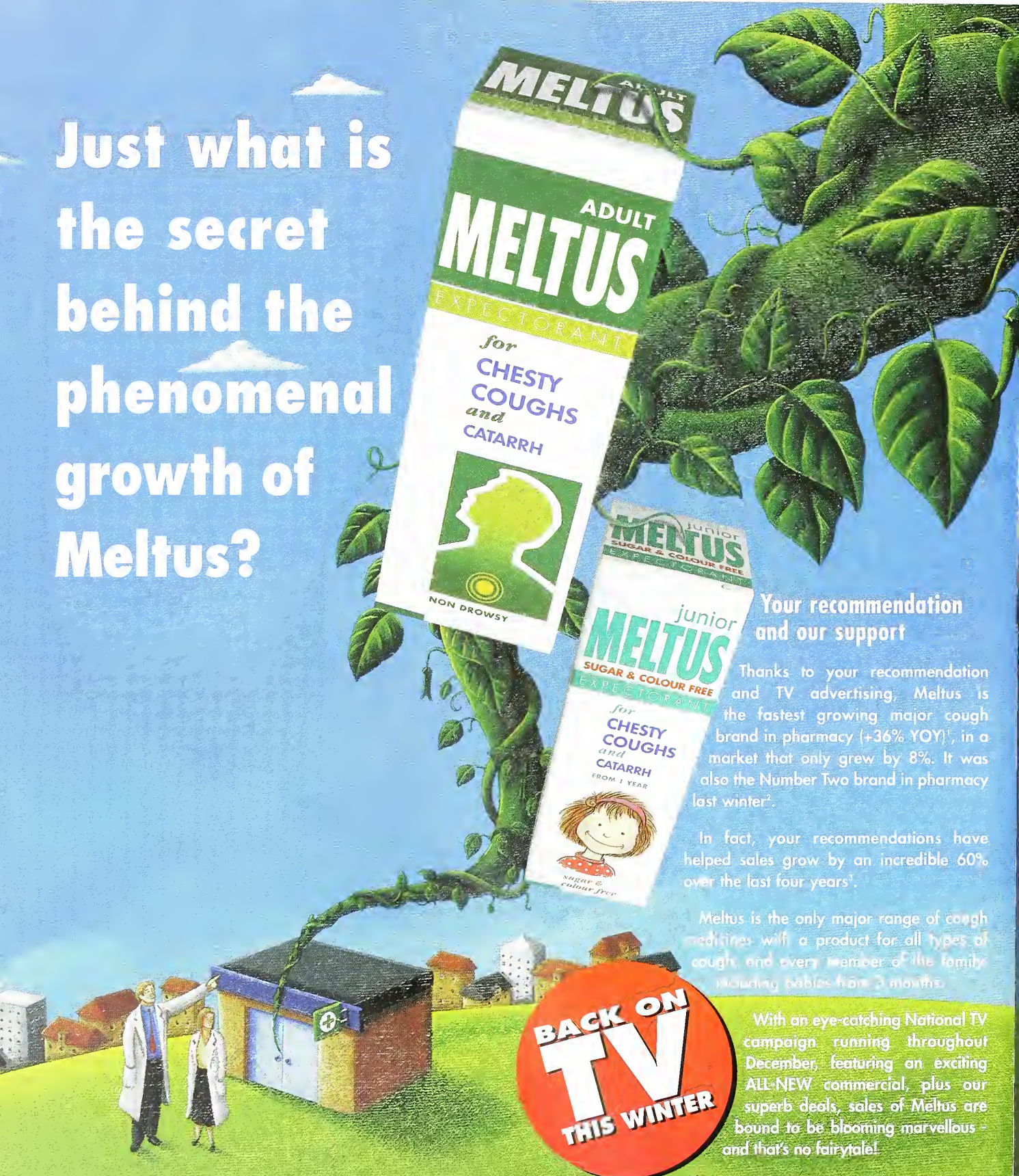
NEW

NiQuitin CQ®
Nicotine
STOP SMOKING AID

Quitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, gling at site of application should resolve on removal of patch; rarely, allergic skin reactions. casionally, tachycardia. Other systemic effects may relate either to using patches or smoking sation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint n, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should olve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of dial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to come pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence mber:** NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; Quitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer althcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date preparation:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.

HELP HER STAY CALM, IN CONTROL – AND QUIT

Just what is the secret behind the phenomenal growth of Meltus?



Your recommendation and our support

Thanks to your recommendation and TV advertising, Meltus is the fastest growing major cough brand in pharmacy (+36% YOY)[1], in a market that only grew by 8%. It was also the Number Two brand in pharmacy last winter[2].

In fact, your recommendations have helped sales grow by an incredible 60% over the last four years[3].

Meltus is the only major range of cough medicines with a product for all types of cough and every member of the family including babies from 3 months.

BACK ON TV THIS WINTER

With an eye-catching National TV campaign running throughout December, featuring an exciting ALL-NEW commercial, plus our superb deals, sales of Meltus are bound to be blooming marvellous - and that's no fairytale!

Seton Scholl Healthcare plc

Meltus is a Trade Mark of Seton Scholl.

MELTUS

Helps Melt Away Coughs - Fast

ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral liquid. Each 5ml contains 100mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings, etc:** *Contraindications:* None known. *Warnings:* Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. *Use in pregnancy and lactation:* No known contraindications. *Side effects:* None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml £2.51 excl VAT, 200ml £3.73 excl VAT. **P.L. Number:** 0338/5026R. *P.L. Holder:* Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** July 1998. **Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.**

JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION. Presentation: Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings, etc:** *Contraindications:* None known. *Warnings:* Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have beenreparted. This formulation is not suitable for adults. *Side effects:* None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** £2.26 excl VAT. **P.L. Number:** 033B/0086. **P.L. Holder:** Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** July 1998. **Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.**

1 Independent Audit MAT December 1997, 2 Counterpoint Q4 1997 and Q1 1998 aggregated, 3 Independent Audit MAT December 1993 - December 1997

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 250 No 6167 139th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

COMMENT

The implications for pharmacies in rural parts of Wales are disturbing now that the Welsh Office has overturned an appeal against a dispensing doctor practice extending its catchment area (p6). Justifying its support for the dispensing doctors, the Welsh secretary insists that pharmaceutical services will not be prejudiced, even though two out of the three pharmacies in the neighbourhood may close. The Welsh Office insists policy has not changed, but the decision does not stack up against its declaration that "... the arrangements allow doctors to dispense for patients who live in a rural area that is not served by a pharmacy, or would have serious difficulty in obtaining necessary medication from a pharmacy". And how ironic that just a few miles separate the dispensing doctors' practice from the first pharmacist appointed to a local health group.

Last week we highlighted the Government's inconsistency of approach to health promotion issues and community pharmacy. This lack of consistency is evident in this week's decision by the Welsh Office: it is also demonstrated by the discount clawback. How many contractors in financially vulnerable pharmacies will have sleepless nights about how they are going to run a business where an average of £6,000 is to be taken back by the same hand that gives? NPC director Clive Jackson is calling on pharmacists to present a consistent message about what pharmacy can offer the new NHS (see p28), but it would be equally helpful if the Government in its many guises could follow suit. How can Mr Dobson talk about a new strategy for community pharmacy, why does the DoH invest so much in pharmacy pilot projects and then allow its various agencies to undermine a service it professes so much faith in? Come on, Mr Dobson, talk to your colleagues and at least make sure that the message you are giving pharmacy is consistent.

Editor Patrick Grice, *MRPharmS*
Assistant Editor Maria Murray, *MRPharmS*
Technical Editor Fawz Farhan, *MRPharmS*
Business Editor Guy L'Amable, BA
News Editor Charles Gladwin *MRPharmS*
Contributing Editor Adrienne de Mont *MRPharmS*
Beauty Editor Sarah Thackray
Reporter Steven Bremer *MRPharmS*
Art Editor Tony Lamb
Production Editor Vanessa Townsend, BA
Editorial secretary Jan Powis
Price List Colin Simpson *(Controller)*
Darren Larkin, Maria Locke
Group Advertisement Manager Julian de Bruxelles
Group Advertisement Executives Lynn Dawson, Nick Fisher, Andrew Keable
Advertisement department secretary Rosemary Malihoudis
Production Karen Way
Associate Publisher John Skelton
Group Sales Director Ian Gerrard
Publishing Director Roger Murphy

Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone. 01732 364422
Telex 95132 MILFRE G
Fax 01732 361534
E-Mail: chemdrug@dotpharmacy.com
Internet site: http://www.dotpharmacy.com/

Subscriptions. Home £127 per annum
Overseas & Eire £182 per annum including postage.
£2.40 per copy (postage extra).

Circulation and subscription, Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET.
Tel: 0181 309 7000

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

The editorial photos used are courtesy of the suppliers whose products they feature.

Miller Freeman
A United News & Media publication

PPA

ABC
AUDIT BUREAU OF CIRCULATIONS
BUSINESS PRESS

Publicity for script checks in New Year

The Government is planning a major publicity campaign for the New Year to inform the public of the need to provide evidence of their entitlement to free prescriptions.

In Scotland, details of the Government's efforts to reduce prescription charge fraud were released to the national press, television and radio on Monday. Leaflets for patients and posters are being sent to pharmacies and there will be training materials to help staff familiarise themselves with benefit and other forms.

Phase 2 of the scheme, in which pharmacists must request evidence of entitlement to exemption, comes into effect in Scotland on January 1. There will be a further payment of £175 per pharmacy. For two weeks from January 4, national press advertisements will alert the public that pharmacists may request exemption evidence, and a newly designed prescription form will also carry words to this effect.

The Scottish Office has stated that dispensing must not be refused for lack of evidence, but the prescription must be dispensed and marked to show no evidence was produced. These prescriptions should be separated when they are submitted for pricing, so their exemption claim validity can be checked by a special unit.

People collecting scripts for someone else should present the same evidence as the patient would have done.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried during November:

- **Bowel cancer (1107)**
- **Elderly I (1108)**
- **Elderly II (1109).**

Pharmacy Update is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply). Internet users can catch up by accessing the dotpharmacy site at *http://www.dotpharmacy.com*, which has a library of previous modules and questionnaires.

A telephone marking service is available for a fee of £12.50 plus VAT. A certificate is issued to verify the number of hours of continuing education achieved.

Pharmacy Update is supported by Genus Pharmaceuticals.

Dispensing threat to rural pharmacies

Pharmacists in Wales believe there will be a serious threat from doctor dispensing if a recent Welsh Office decision in Brecon is implemented throughout the country.

In granting the Brecon medical practice permission to dispense for patients outside the town, the Welsh Office has accepted that one or two of the three existing pharmacies would be forced to close but denies that this will prejudice the proper provision of pharmaceutical services.

One of the pharmacists, Julie Konwerska, told *C&D*: "If this policy were to be adopted as Welsh Office policy in dealing with rural dispensing, it would wipe out most rural pharmacies in Wales, apart from a few supported by the Essential Small Pharmacies Scheme."

In essence, she said, the Welsh Office considers that the change – from patients having the choice of three competing pharmacies, providing many more services than the contractual minimum, to having a single pharmacy – does not constitute prejudice to pharmaceutical services. In the tourist season, the demand rises significantly, she added.

The eight-GP practice appealed to the Welsh Office when Dyfed Powys Health Authority turned down its application to dispense for patients in the controlled area outside the boundary of the former borough of Brecon. The GPs already dispensed for patients in neighbouring Sennybridge. The health authority refused outline consent on the grounds that any further dispensing would prejudice general pharmaceutical services.

In their appeal the doctors estimated that 4,000 patients would be eligible to join the dispensing list, but thought that many would continue to use the pharmacies because of their high standard of service, so businesses were unlikely to close. The doctors also claimed to support the pharmacies and agreed that closures would not be in the best interests of patients.

But Mrs Konwerska believes that half the pharmacist dispensing would disappear, leading to closure of two independents – her own Beacon Pharmacy and John Powell. The third pharmacy, Boots, would probably survive.

The Welsh Office noted that Boots was likely to remain, but that some non-contractual services, such as prescription collection and delivery, "might suffer". It added that if the practice was not to dispense for many more than 1,500 of its patients, the effects on the pharmacies would be less.

A Welsh Office spokesman told *C&D* there had been no policy change and the secretary of state had decided the matter under the terms of the 1992 NHS pharmaceutical services regulations. "The secretary of state is unable to take into account commercial considerations," he added.

The health authority is allowing the doctors a phased introduction of new dispensing patients, with up to 1,500 in the first year.

The local community health council has supported the pharmacists' case throughout and was meeting this week to consider what could be done. Boots has also been very supportive, says Mrs Konwerska, and had pointed out at the oral hearing that its pharmacy alone would be unable to cope with rota services.

The Pharmaceutical Services Negotiating Committee has paid for the LPC to have an initial consultation with PSNC's solicitor about the feasibility of a judicial review. Secretary general Stephen Axon said PSNC would not underwrite such a case, not because of its merit but because it was not a pan-pharmaceutical matter. It would be up to the LPC and its solicitors to decide whether to proceed. LPC secretary Sarah Byrt told *C&D* on Monday they were still considering the options available.

- Powys Local Health Group, the first LHG to be established in Wales, held its inaugural meeting last week. The pharmacist member is Janice Block of Crickhowell, who has been a community pharmacist in her family business for 30 years. A former chairman of Powys LPC and vice-chairman, Dyfed Powys LPC, she said she hoped to promote pharmacy at all levels.

She thought the Welsh Office decision in Brecon was a "devastating blow" to pharmacy. "The provision of pharmaceutical services from two independents and one multiple was more than sufficient. There was no need for doctors to take up dispensing," she said.

Anti-fraud directorate set up

A new government directorate of counter fraud services is to spearhead a campaign against fraud involving pharmacists and GPs.

Led by Jim Gee, the directorate will have new regional teams of specialist fraudbusters working within health authorities and other NHS organisation in all parts of the country.

The Government estimates it is losing £150 million in fraud each year and has a target of reducing it by at least 50 per cent by 2003. Health minister Alan Milburn aims to reduce fraud to "an absolute minimum" within ten years, hold it permanently at that level, and free up more resources for patient care.

The level of detected fraud has doubled in the past year. Some of the examples in the strategy involved pharmacists. In one, a pharmacist conspiring with a GP submitted bogus prescriptions for non-existent patients, as well as duplicates, netting over £1m.

Marinker made honorary member of RPSGB

Professor Marshall Marinker was presented with a certificate of honorary membership of the Royal Pharmaceutical Society last week.

He is visiting professor in general practice at the United Medical and Dental School of Guy's and St Thomas's Hospitals.

Making the presentation, the Society's president, Hemant Patel, said Professor Marinker's association with the Society spanned many years and his contribution to medicine and healthcare was extensive. He had published numerous papers and nine books on primary medical care and health policy.

Perhaps his major contribution to pharmacy, said Mr Patel, was his leadership of the project on patients' medicine-taking. The report, 'From Compliance to Concordance,' published by the Society with support from Merck Sharp & Dohme, had been a real driver for change.

Supermarket pharmacy loses appeal

A pharmacy company has lost its fight for the right to dispense NHS prescriptions from an Asda superstore in Norwich after failing to overturn a decision by the Appeal Authority in the High Court.

East Anglian Wholesale Supplies Ltd has been providing pharmaceutical services from the Asda store at Norwich's Boundary Road for two years, but so far only private prescriptions have been dispensed there.

The company supplies drugs under NHS contracts from three other pharmacies in the area, but its application for an NHS contract at the Asda store was refused in April last year.

On Monday, a High Court judge upheld the decision by the Family Health Services Appeal Authority to refuse the application. Dismissing the test case challenge, Mr Justice Sullivan ruled: "I am satisfied that the Authority took the right approach."

The court heard that the Boundary Road Asda store was added to the NHS pharmacy list by the Family Health Services Authority in September 1996.

But two rival pharmacies in the area appealed against the grant, and on April 18 last year, East Anglian Wholesale Ltd – based at Pinetrees Business Park, Norwich – was told by the FHS Appeal Authority that it could not dispense NHS drugs from the store.

Jonathan Fisher, representing the company in the High Court, said the Appeal Authority "applied the wrong test" when overturning the FHSA's decision.

He argued that an outlet should be added to the NHS Pharmaceutical List if a pharmacy was "necessary or desirable", but the Appeal Authority's members had ruled out the supermarket merely because the local need was "adequately" met by other suppliers.

But Mr Justice Sullivan said the report of the panel considering East Anglian Wholesale's case indicated the right questions had been asked.

"I would be slow to conclude that the panel failed to consider the primary question, which was 'desirability'," said the judge.

Dismissing the company's application for judicial review of the Appeal Authority's decision, he added: "In short they concluded, disagreeing with the earlier FHSA decision, that it was not desirable to grant the application."

NRT on prescription for limited period

Nicotine patches and gum are to be put on prescription, but for only a limited period, under the Government's White Paper to curb smoking and improve the public's health.

The White Paper was to be published after *C&D* went to press, but it is understood that more money is to be allocated to allow GPs to run anti-smoking clinics as part of the drive to reduce the numbers who smoke, particularly among the poor.

Patches and gum will be prescribable in specialist clinics targeted at those on low incomes who will qualify for exemption from prescription charges, and who will get their supplies free. Supplies are expected to be limited by the GPs to keep costs down.

Ministers have decided against allowing nicotine replacement therapy to be made generally available on prescription because of the cost, but they have ordered a change in attitude by the NHS to treat tobacco addiction as an illness like alcohol addiction.

'Information for Health' to have a local emphasis

Implementing 'Information for Health', the Government's strategy for utilising information technology within the NHS, is to have a heavy local flavour.

Guidance issued last week says that initial local implementation strategies (LIS) need to be in place by March 31, with a full LIS developed by March 31, 2000. However, pharmacists may be disappointed by indications that full connection to the NHSnet may not occur until 2005.

The second phase of implementation, taking place between 2000 and 2002, envisages "substantial progress in delivering the electronic patient record and electronic health record". A key medium term target of the original strategy was "community prescribing, with electronic links to GPs and the Prescription Pricing Authority".

It is not until the final phase in 2002-2005 that the programme will be completed, with "comprehensive electronic patient and health records available through the NHS to support the delivery of care".

Immediate priorities include completing work to address the millennium bug and to ensure computerised medical practices can receive pathology messages via the NHSnet by the end of 1999. The NHS Executive will set up an information policy unit responsible for delivering the strategy and a new NHS Information Authority will look at products and standards that can best be developed at a national level to support local implementation.

A baseline statement of existing and planned information management and systems and services within local organisations will need to be prepared. This "should cover all members of the local health community" and include specific reference to:

- staff and skills within each local organisation
- information systems currently in use and plans for new systems
- current funding
- the state of readiness on infrastructure projects
- the local position with regard to data quality
- the local position with regard to security and confidentiality policies
- local policies on information management and technology information, and training and education.

Further guidance says that for the purposes of the information strategy the 'local health community' should mirror those involved in health improvement programmes. Core membership of the local health community can include the following primary care practitioners: GPs, pharmacists, opticians, dentists, practice nurses and community care staff.

Other stakeholder representatives include the health authority, NHS trusts, primary care groups, out-of-hours co-operatives and local social service departments.

The £40 million GPnet project will be a nationally funded and managed project which will offer computerised practices a direct connection to the NHSnet via an ISDN router and 'firewall' providing secure connectivity.

- To enable easy collation and sharing of information, a template for an LIS has been put onto the internet at *http://www.imt.nhs.exec.nhs.uk/implement/index.htm*.

Fair deal for contractors, says Milburn

Alan Milburn

The Health Minister, Alan Milburn, is pleased with pharmacists' remuneration settlement.

A press release from the Department of Health quotes him as saying: "It has taken a long time to reach a conclusion this year, but I am pleased with the outcome. A 3 per cent increase in the global sum is a fair settlement.

"I am particularly pleased that we have reached agreement on point of dispensing checks. The Government has no patience with people who cheat on prescription charges and so deprive others of the NHS care they need. By asking pharmacists to carry out very simple checks, we will help cut the cost of fraud."

The press release points out that the global sum increased by £21 million for 1998-99 compared with 1997-98.

- The Pharmaceutical Services Negotiating Committee will discuss the 1999-2000 claim in January.

IN BRIEF

RPM hearing date

The leave hearing on resale price maintenance is scheduled for January 28-29 in the High Court. The Community Pharmacy Action Group's leading counsel will be Mark Cran QC.

NHS board meetings

Guidance on opening all NHS Trust and health authority board meetings to the public has been issued by the Department of Health. Primary care groups will also hold board meetings in public.

Welsh CMO collaboration call

The Welsh chief medical officer, Dr Ruth Hal, has called for a new focus on collaborative working and on developing health alliances to reduce health inequalities, in her annual report published on Monday.

Late in the day...

A Dorset pharmacist described as an "11th hour man" and "a procrastinator" was found guilty of professional misconduct by a disciplinary panel but was given a three-month reprieve to put his house in order.

Anilkumar Patel, of Bournemouth, appeared with his wife, Hemantika Patel, who is also a pharmacist, on a number of charges which include having out-of-date medicines for sale and not complying with an undertaking that he gave last year where he promised to fix his computer system which was not printing the dates on medicine labels.

The Committee took a decision not to hear proceedings against Mrs Patel as she was only the registered owner of the pharmacy in Bournemouth.

Mr Patel admitted that he had failed to comply with the undertaking he gave in April 1997 to fix a problem with his computer in that the computer date was still corrupt and thus his dispensing and stock control procedures were inadequate to prevent dispensing of medicines returned by patients.

The Committee also heard evidence from Anthony Jackson, a Society inspector who visited the pharmacy on November 3 of this year. He found five packets of prescription painkillers which should only be dispensed under the supervision of a pharmacist, but were on self-selection displays.

Mr Patel told him that a member of staff had put them out on the counter.

The inspector also found nine items which were past their expiry date by as much as a year. Mr Patel's explanation for this was that stocktakers should have removed them.

In addition, the computer system had still not been changed, although Mr Jackson was told that the hardware would be delivered in a few days time.

Mr David Aaronberg, representing Mr Patel, told the Committee that in 20 years of practice as a pharmacist, there had been no formal complaints against this client.

Mr Flather, who was not convinced that Mr Patel had taken adequate steps to overcome the computer problem, then told Mr Aaronberg that his client was "an 11th hour man" - and that it was late in the day.

Mr Aaronberg told the Committee that his client had taken on an additional counter assistant.

Mr Flather said the Committee found misconduct proved and while it has the power to strike him off the Register, had decided to adjourn his case for three months, provided he complied with a set of conditions designed to end, not only his computer problems, but his stock control procedures.

Manpower problems – to publish or not?

The Royal Pharmaceutical Society is to publish a document on the present and future demand for pharmacists.

It will accompany a report on the present and medium-term demand for pharmacists, which will be a summary of last year's discussions with pharmacist employers and other major stakeholders. Presenting this report to Council, Ian Caldwell said it was the best that could be done. It had been impossible to get commercially sensitive information that would have allowed long-term predictions.

The report had taken until August to reach the Council and there was a debate at last week's meeting as to whether or not an out-of-date report should be published. Mr Caldwell thought it should, with an acknowledgement that the consultations had been completed early this year and that the process was ongoing. The report gave a global picture that could be used by other organisations, for both employees and employers. If the Society did not publish the report it could not credibly discuss the demand for manpower and the problems encountered.

But Terri Banks said it was 'incredibly dangerous' to publish an outdated report. She suggested a paper should be published showing how the Society saw the current situation, with the report attached as an annex. Ted Smith said that, if the report were published, it would be seen by many as official and they might take precipitate action that could exacerbate the problems.

Alan Nathan said that employers, particularly in community pharmacy, were finding it difficult to recruit pharmacists and blamed the Society for not having foreseen the situation. The report was proof that the Society had done its best to investigate the causes of the labour shortage, but things had moved on since it was prepared.

John Jolley was disappointed that industrial pharmacy had been omitted. He said the Society had an excellent report on which it should capitalise. But a working group should look into other employment areas and the Society should come up with a complete picture as soon as possible so it could talk with other organisations.

Council eventually agreed that a two-page note of current issues should be published, with the report as an annex.

New disciplinary machinery Draft regulations implementing the Society's proposed new disciplinary machinery are being considered by Department of Health lawyers and a reply is expected soon.

PIANA progress The director of public affairs, Beverley Parkin, said an outline programme of joint activities with the Doctor Patient Partnership was being discussed for next year, to progress the 'Pharmacy in a New Age' work promoting pharmacy as the first port of call. The first 'Over to you' roadshow will be on January 25.

Research awards allocation Council agreed that, for a trial period of five years, the allocation of the Society's 16 annual research awards should be handed over to the schools of pharmacy. Each school head would then decide who should receive an award.

'Chemist' pub A public house with the title 'dispensing chemist' has removed the sign following the Society's warning that it faced prosecution if the sign remained.

Parliamentary adviser Lord Newton has accepted reappointment as Parliamentary adviser to the Society for a further year.

Assistant treasurer Council approved a proposal that it should consider appointing an assistant treasurer of the Society annually at Council's June meeting. The appointment will be discussed at the Council meeting in February.

Millennium competition Council approved the expenditure of up to £20,000 on a development project derived from the joint winning entries in the Society's millennium competition. The project aims to introduce new information services to community pharmacy to improve services.

- Council also discussed new models of remuneration to progress the New Age initiative. No official report was available for publication.

PCG autumn guidance issued by Department of Health

Primary care groups have been ordered to introduce a national prescribing incentive scheme in the 'Autumn Guidance' issued by the Department of Health.

GPs will be required to share surpluses on their drugs budgets with other practices in the PCGs, says the guidance, which is being issued to pharmacists and other health professionals involved in the launch.

The guidance makes clear the Government is going ahead with the launch date of April 1, although the legislation may not be on the statute book to finally abolish fundholding at that time.

The main rules for expenditure will be that no money can go directly as income to practices; the practice will need to have its spending plan for resources in excess of £10,000 agreed by the PCGs; if a PCG is overspending overall, then its 50 per cent share of any resource generated by individual practices will be used to fund the overspend. The practices 50 per cent share will be retained by the practice.

Clinical data required to operate the scheme should be routinely available as part of the PACT data and contract minimum data set (CMDS). Attribution of CMDS to practices and individual GPs might have been only done routinely for those practices involved in fundholding or commissioning, said the guidance. Some work might be required locally by HAs, NHS Trusts and PCGs to attribute accurately and then use the data at practice level.

RPSGB gives evidence on MDA review

The Royal Pharmaceutical Society has given oral evidence at an independent inquiry into the Misuse of Drugs Act.

The Society's head of professional and scientific support, Roger Odd, and former Council member Christine Glover discussed the licensing of private practitioners to issue private prescriptions of controlled drugs to misusers, as well as increasing availability of drugs paraphernalia through pharmacies. They also discussed creating a data base of patients to avoid them obtaining treatment from more than one doctor.

The discussion with the Runciman Committee revolved around points made in the Society's working party report on services for drugs misusers, first submitted when the inquiry was set up by the Police Fund.

Xrayser

Topical Reflections

GPs and dentists required to have indemnity cover

The Government is proposing to make it a legal requirement for independent contractor professions and their clinical staff to have full indemnity insurance.

New legislation will initially apply to doctors and dentists only, but reserve powers will be held for pharmacists and opticians. A legislative amendment will allow the secretary of state to specify that contractors either prove they have insurance cover before being admitted to a health authority list, or make such cover a requirement in their terms of service. Doctors and dentists may be removed from the HA list if they are not covered by insurance.

The move follows cases where patients have been unable to claim compensation after mistreatment from uninsured clinicians, said the DoH. "Membership of a professional indemnity society will be sufficient for the majority of practitioners, and those who fall short of reasonable cover will find themselves affected."

Pharmacy writes to DoH on NRT

Five main pharmacy bodies have sent a joint letter to Frank Dobson over the proposal to add nicotine replacement therapy to the General Sales List.

Arguing that NRT will be effective only when provided with support from a health professional, the letter says: "We believe that extending the supply route beyond pharmacy is unnecessary, will be counter productive, and will not reduce smoking.

"If the best smoking cessation outcome is to be achieved, it is essential that advice and support from a health professional is provided at the point of sale. This ideal will be achievable only where the current Pharmacy-only status of NRT products is maintained."

The letter was sent to the health secretary last week in anticipation of the imminent release of the tobacco control White Paper. It follows the proposal from the Medicines Control Agency to allow nicotine gum 2mg to be sold GSL, probably from April next year.

The letter continues: "In looking forward to the development of any pharmacy strategy, it seems to us that any move which diverts people away from community pharmacies prejudices our ability to extend our role in primary healthcare provision."

The letter, sent from the RPSGB, NPA, PSNC, GHP and CCA, asks for an opportunity to meet Mr Dobson to discuss the matter.

Credit cards and prescription charges – a thorn in my side

I still object to taking plastic for prescription charges, but despite my opposition the numbers are increasing and the NHS Executive is impervious to all arguments for reimbursement, as it knows that I have no choice. If I insist on cash many customers would go elsewhere and I would be the only loser.

I am now resigned to this irritating situation, but I have always understood that I do have the right to charge the customer for the fees I incur for their use of plastic. I do not make this charge but it seems that some pharmacists or dispensing doctors do.

As far as I am concerned, good luck to them, but that is not the opinion of the NHSE which, in a recent circular from Bedfordshire Health Authority to all its contractors, confirmed its interpretation - that handling charges are contrary to the regulations.

This is another example of the high-handed attitude of the NHSE which, rather than accept that it is at fault, would prefer to use the big stick. If the regulations preclude the imposition of a handling charge for plastic then reimburse the contractor or change the regulations!

The alternative will see a complaint from an aggrieved patient and an offending contractor being dragged before an NHS tribunal. The full weight of such proceedings will then be used to make an example of some poor soul for such a heinous crime!

Scrooge stalks the corridors of Whitehall

Every Christmas is the same. The last three weeks before the day sees a welcome increase in counter trade as the last few crumbs from the high street's table fall my way, and at the same time siege mentality ensures a dramatic rise in prescription volume.

The result is damned hard work for both me and the girls, then a few days off, before getting back to the grindstone. I must be a masochist because, perversely, I enjoy the buzz that Christmas provides. It is the post-festive let down and the onset of the mid-January blues that I dislike.

However, the Dickensian significance of this Christmas' remuneration settlement has irrevocably destroyed my enjoyment. I will still give the girls their Christmas presents, pay them their bonuses and throw a staff party because they have earned their reward, but this year I will not be joining them in celebration.

My reward for the conscientious application of my skills to improve pharmaceutical care has been a good old fashioned kick in the teeth.

No matter the increase in workload, the cost savings of efficient buying or the thanks of grateful patients, the Merchant of Whitehall has lost the remnants of goodwill which have survived since his taking up office.

Much pharmaceutical blood has been spilt on his behalf but he has still exacted his pound of flesh. Scrooge marches triumphant.

Mixed literary allusions? Yes, but surely that is what pantomime is all about!

Too clever by half

The one lesson that the 'Persona' fiasco taught me a couple of years ago is that consumer brand loyalty in the home pregnancy and fertility testing kit market is now a thing of the past.

I now only sell one brand and this is sold with a healthy profit to myself and at a cheaper price to the customer.

Into this market has now come a new premium priced brand, designed to compete with all those I no longer stock, but with a twist to its marketing.

The brand name Lolita has been adopted by Lipara Laboratories in a regrettable attempt to catch the interest of its targeted audience and re-establish a branded demand.

The 'Lolita' of serious fiction was the subject of a sensitive analysis of the problems of sexual awareness in a young maturing woman, but has become unreasonably associated by the media and film industry as a synonym for promiscuity.

There is no reason why a home pregnancy test should be the subject of this type of association and I find the use of the name unprofessional and even insulting to both my customers and the integrity of the original author.

Counterpoints

Ibuprofen capsules in slow release form

UniChem is launching 200mg Long Lasting Ibuprofen Capsules which have a 'slow release' formulation designed to combat pain for up to 12 hours.

The product is aimed at 25-35-year-olds who suffer muscular pains from sport or lifting heavy objects. Older age groups, including those who suffer mild arthritis, can use the capsules to ease general pains, aches and stiffness.

Retail price is £2.49 for 16.

UniChem Ltd.
Tel: 0181 391 2323.

Vegetarian vitamin E supplement

Arkopharma is launching a natural vitamin E supplement in a vegetarian capsule.

The capsules contain 300mg (400iu) of natural vitamin E from the oil extracted from genetically modified-free soya beans.

Vitamin E is claimed to reduce scars by renewing damaged skin tissue and to help boost the immune system, particularly in the elderly.

The gelatin- and beeswax-free capsules are suitable for vegetarians and vegans. It is recommended that one capsule should be taken once a day with a glass of water.

Retail price is £9.99 for 60 capsules (2 months supply).

A special display unit containing 12 boxes is available.

Arkopharma (UK) Ltd.
Tel: 0181 763 1414.

Test predicts ovulation in five minutes

Sutherland Health has launched a new ovulation prediction test.

The Rapid Self Test Ovulation Prediction Test is designed to be a simple and convenient method of determining when the female body is ovulating.

The test provides a 99 per cent accurate result in five minutes.

Each pack contains five tests with easy-to-follow instructions, as well as one free Rapid Self Test Early Pregnancy Test Kit worth £5.75.

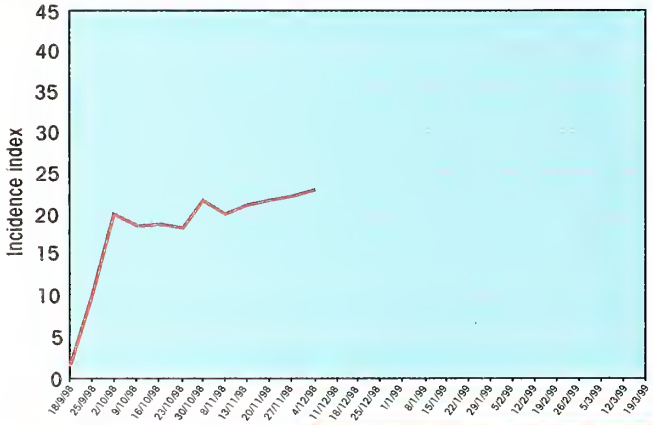
The retail price of a pack is £16.95.

Sutherland Health.
Tel: 01635 874488.

Cough, cold & flu FORECAST

Information updated weekly by SDI

The incidence of cold and flu across the UK has crept up to 25, and the nation as a whole has moved to 'pre-alert' status, suggesting a severe increase in symptoms can be expected in three to five weeks. Leeds goes on 'alert' this week (incidence index 66) while Bristol and London move to 'pre-alert'. Manchester and Newcastle are into their second week on 'pre-alert', suggesting a peak in activity can be expected within a fortnight. Cough, nasal congestion, runny nose and sore throat are the most reported symptoms.



SPONSORED BY Benylin

MARKET STATUS

PRE-ALERT

This is the second issue where *C&D* features the Cold & Flu Forecast for the 1998-99 season, sponsored by Benylin.

The information carried each week will help pharmacists predict peaks in seasonal illness, get product on-shelf at the right time, reduce out-of-stocks and help with inventory management.

Each week we will publish a flu/cold respiratory illness status index, which will advise on the severity of symptoms across the UK:

- Normal: little or no increase in respiratory illness
- Advisory: A measured increase in respiratory illness
- Pre-alert: Warning that areas previously on 'Advisory' status will go to 'Alert' in three to five weeks
- Alert: A severe measured increase in respiratory illness - the peak of illness in a market
- Advisory (down): measured decrease in respiratory illness.

Experience using the system in other countries shows that once a locality is put on 'Pre-alert' status, the incidence of illness will peak four to five weeks later. The average time spent on 'Alert' is eight to ten weeks.

The system also highlights which symptoms are predominant in any 'Alert' period, eg cough, nasal congestion, runny nose, sore throat, fever.

This type of forecasting system has been used for 16 years in the US where its predictions have proved 85 per cent accurate, but has not previously been available in the UK.

Methodology: Panels in eight UK mainland cities feed in data each week. The cities are London, Birmingham, Leeds, Glasgow, Manchester, Bristol, Newcastle and Norwich. The panels, of 24-28 members, are made up of pharmacists, GPs, paediatricians, hospital medical personnel, nursing home personnel, major employers and school representatives. At the beginning of the season each panel member establishes a baseline weekly patient/absentee norm against which each week is subsequently measured.

Information is issued at the end of each week, and is highlighted in the Cold & Flu Monitor five working days later.

Mildred has just been speaking to Bartholomew Rhodes and was surprised to learn that even more high reimbursement products are available.

Did you know that Bartholomew Rhodes Isotard 40XL (Isosorbide Mononitrate Modified Release Tablets) alone, can make you £5.12 more on reimbursement in comparison to the two leading brands?* – *and that's before negotiating the net price!*

Compare our reimbursement and net prices and digest the figures for yourself.

Prices not to be sniffed at!

Bartholomew Rhodes

For further information please contact: Bartholomew Rhodes Ltd.,
Victors Barns, Northampton Road, Brixworth, Northampton NN6 9DQ.
Tel: (01604) 882626 • Fax: (01604) 881640

*Prices correct at time of going to press.

Date of Preparation: December 1998

Cosmetics get cosmic with Galactic Glow

Galactic Glow is a spring collection of metallic cosmetics which Procter & Gamble will be launching in its Cover Girl range in March.

Available for a limited period only, the collection is a range of shimmering citrus shades for lips and nails.

Self-Renewing Lipstick (rsp £4.49) will be available in Cosmic Blue, Moonglow and Pink Aura. 3 in 1 Nailslicks (rsp £3.49) will come in Cosmic Blue, Moonglow, Pink Aura and Galactic Green.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01784 437258.

Arden creates romance with Splendor

Elizabeth Arden will be launching a new woman's fragrance next March.

Called Splendor, it is a feminine floral scent which has sweet pea as its top note blended with wisteria, hyacinth, white peony and wild freesia.

It is presented in a delicately fluted glass bottle with the Elizabeth Arden New York initials surrounding the Red Door icon engraved on the sterling silver collar of the bottle.

The fragrance is available in three sizes of eau de parfum spray - 30 ml, 75ml and 125ml. Retail prices are £19.95, £29.50 and £44.50 respectively.

The range also includes Luxury Body Moisturiser (rsp £17.50) and Hydrating Cream Cleanser (rsp £14.50).

The launch will be supported by a TV and press advertising campaign. The TV commercial focuses on a love story starring Amber Valletta. Filmed in a glimmering ballroom, Amber and her co-star are seen in a passionate embrace. The press advertising mimics classic movie posters announcing Splendor as a love story starring Amber.

Elizabeth Arden Ltd.
Tel: 0171 574 2700.

Hot news from Hotties for cold feet

Hotties Thermal Packs has redesigned its Hotties Microwave Footwarmer.

The 'foot pocket' now has a tartan fabric panel with cosy fleece lining for extra warmth and comfort.

The product heats in minutes and stays warm for hours. It is based around a sealed unit filled with non-woven material impregnated with a non-toxic, non-gel solution.

The product has a soothing effect on cold or aching joints and can double up as a hand and knee warmer.

Retail price is £12.99.

Hotties Thermal Packs Ltd.
Tel: 01403 785747.

Xmas dramas from Feminax

Roche Consumer Health is supporting its Feminax painkiller for period pain with radio advertising in the run up to Christmas.

The campaign comprises three humorous commercials - Romeo & Juliet, Sir Walter Raleigh and The Three Musketeers taking part in a Christmas pantomime.

Each commercial conveys the message that Feminax is formulated to control the aches and pains of periods and ease cramps - helping to put an end to 'period dramas'.

The campaign is targeted at women aged 25-34 and will run regionally in the London area, the Midlands, Anglia and the north of England.

Roche Consumer Health.
Tel: 01707 366000.

Christmas closing times

- **Britannia Pharmaceuticals** will be closed from noon on December 24 to 9am on December 29. The office will be closed from noon on December 31 and on January 1.
- **Coloplast** will be closed on December 25, 26 and 28 plus January 1.
- **Dominion Pharma** will be closed from noon on December 24 and will reopen on January 4. During these closure times, urgent medical information will be available.
- **Novartis Pharmaceuticals** will be closed from 5.30pm on December 24 and will reopen at 8am on January 4. During this period, an emergency service will be available on 01403 272827. An answer machine service will be available on 01276 692255 for all other messages.
- **Polyfarma** will be closed from 11am on December 24 until 10am on December 29 and from 11am on December 31 until 9am on January 4.
- **The Proprietary Articles Trade Association** will be closed from 4.30pm on December 23 and will reopen at 9am on January 4. An answering service will be in operation during the closure times on 01923 211647.
- **Sanofi/Sterwin Medicines** will be closed from 4pm on December 24 and will reopen on January 4. During the closure times, medical emergencies will be handled on 01483 505515.
- **Tillomed Laboratories** will be closed from the end of business on December 24 and will reopen on January 4.

IN BRIEF

In the picture

ColourCare will be running a New Year promotion from December 28 until January 30. A free photo album will be offered to each customer who orders an extra set of photos with the 7x5in developing and printing. The promotion will be supported by in-store point of sale displays.

ColourCare International Ltd.
Tel: 01722 412202.

Festive display

Johnson and Johnson.MSD is distributing a festive pack in support of Motilium 10 to all pharmacists. The pack includes a seasonal shelf edger, hanging display and Christmas card.

Jahnson & Jahnson.MSD.
Tel: 01494 453695.

SB's Oxygen on TV

SmithKline Beecham is supporting the launch of its Oxygen skincare range with a £3 million national TV campaign starting on January 1. The advertising will be backed by a £500,000 campaign in the 'style' press.

SmithKline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Aromatherapy winner

Tisserand's Lavender Gel has been voted the overall winner for the best aromatherapy product by *Zest* magazine readers in the Zest For Life Awards, 1998.

Aramatherapy Products Ltd.
Tel: 01273 325666.

Infant web site

A Farley's and Heinz Infant Nutrition web site has just been launched for healthcare professionals involved in paediatric care. The web site (*www.farleys-heinz-hcp.co.uk*) provides instant access to a wide range of materials including product information and advice on government guidelines.

Heinz Infant Feeding
Tel: 0181 848 2256.

Fun snaps

Fujifilm has created a fun, appealing new look for its kids' range of Quicksnaps single-use cameras – the Hippasnappa and Flashcat. The cameras will be loaded with Fujicolor 800 speed film and the packs feature a new plastic window so the camera can be clearly seen. The new packaging will be on shelf from the New Year.

Fuji Photo Film (UK) Ltd.
Tel: 0171 586 5900.

Lip service

Thursday Plantation is launching a new tea tree oil product for cold sores.

Tea Tree Lipfix is formulated to help with cold sores and to moisturise and protect the lips from the drying effects of sun and wind.

The product contains 12 per cent pure tea tree oil, menthol, camphor and phenol. It is recommended that it is applied liberally as often as required to cold sores and to sun blistered or chapped lips.

Retail price is £3.95 for a 10g tube.

Health Imports Ltd.
Tel: 01274 488511.

Heinz helps infants to feed themselves

Heinz is introducing a first cutlery set and first feeding spoon into its Baby Basics range of baby feeding accessories.

Baby Basics First Cutlery Set (rsp £4.39) is designed to help mothers meet the needs of babies graduating to self feeding before moving on to adult cutlery.

The cutlery has small rounded metal ends designed for little mouths and Flexisoft ridged handles for easy grip. It incorporates specially designed finger and thumb rests to help babies learn to hold cutlery.

Baby Basics First Feeding Spoon (rsp £2.49) is the next step up from the Baby Basics Weaning Spoon. It is a soft tipped spoon with a larger capacity, making it suitable for the growing appetites of older babies from seven months old.

Packaging incorporates a Flexisoft 'touch me' button allowing parents to feel the plastic before they purchase.

The Baby Basics range is supported by Bounty pack sampling to new mothers.

H J Heinz Co. Ltd.
Tel: 0181 848 2256.

ON TV NEXT WEEK

Beechams Flu Plus Caplets: U

Benylin: All areas plus C4

Deep Relief: C4, C5

Deflatine: GTV, STV, B, G, Y, TT

Gaviscon: All areas except CTV, GMTV, TSW

NiQuitin CQ: U

Nytol: All areas

Ralgex: Sat

Rennie: All areas except CTV

Setlers Wind-eze: All areas

Seven Seas Extra High Strength Cod Liver Oil: C4, C5

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

This Christmas, only one recommendation

can give dysmotility problems the all-clear.

As the season to eat, drink and be merry approaches, what better time to recommend Motilium 10 to your customers.

Motilium 10 is the only pharmacy product that can effectively treat all the symptoms of dysmotility such as fullness, heaviness, bloating, queasiness, belching and nausea, often experienced after eating.

By restoring the normal movement of food through the system, Motilium 10 actually treats the cause of dysmotility instead of temporarily relieving some of the symptoms.

Earn the gratitude of your customers this Christmas, and you can be sure they'll be back in the New Year.

NEW
Motilium 10
CONTAINS DOMPERIDONE MALEATE

Your first answer to dysmotility.

Johnson & Johnson MSD
CONSUMER PHARMACEUTICALS

Only available through pharmacies. Further information is available from: Enterprise House, Station Rd, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494 450778.

NOVARTIS

What makes Tixylix® No.1 for sales?

Mums can see it on TV (when they get a chance!)

We know how important your advice is to Mums worried about children's coughs and colds.

That's why to ensure that Tixylix stays No.1 our TV commercial works hard to bring them into your pharmacy. This year we're investing **over £2 million in national TV support for the brand.**

And, with the widest range, it's no surprise that Tixylix continues to outsell the nearest competitor nearly twice over.*

Recommend Tixylix this winter – it's the one Mums are most switched onto.

Recommend Tixylix – It's specially made for children

Tixylix® CATARRH SYRUP	Tixylix® CHESTY COUGH	Tixylix® COUGH & COLD	Tixylix® DAYTIME	Tixylix® NIGHT-TIME	Tixylix® NIGHT-TIME SF	Tixylix® INHALANT
Diphenhydramine Menthol	Guaiphenesin	Pholcodine Pseudoephedrine Chlorpheniramine	Pholcodine	Pholcodine Promethazine	Pholcodine Promethazine	Menthol, Camphor Eucalyptus Turpentine Oil

* Nielsen data on file

For further information on winter bonuses please contact Sales Support on 01403 323 955. Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Tel. 01403 210211.

Medical matters

RA needs prompt treatment

People with rheumatoid arthritis are waiting too long before receiving treatment, according to rheumatologists.

A survey of over 200 GPs and 50 rheumatologists has shown that some patients remain undiagnosed for up to six months. They may then wait a further three to 12 months before seeing a rheumatologist, and it may be two years before some receive a disease-modifying anti-rheumatic drug (DMARD).

This delay can lead to severe joint damage, said Professor Paul Emery, who runs an early arthritis clinic at Leeds General Infirmary. "There is evidence that damage occurs very rapidly at the onset of disease, so the sooner that patients are assessed and receive treatment the better," he told a briefing sponsored by Hoechst Marion Roussel last week.

The most common first-line treatment is non-steroidal anti-inflammatory drugs but, because these agents are so effective in controlling the symptoms, GPs tend to think the patient is getting better and delay referral to a rheumatologist. Meanwhile, bone erosion gets progressively worse.

Professor Emery said that DMARDs, which suppress the immune system, slow down the joint damage but can take several months to alleviate the pain, so are often given together with NSAIDs.

Most DMARDs are prescribed in combination, such as sulphasalazine with methotrexate, to offer maximum efficacy with the least toxicity. There is a need for new drugs with fewer side effects, he said.

Dr Rob Sword, a Derbyshire GP who works in an early arthritis clinic in Nottingham, said patients usually try self-medication first but most consult a GP within two months. A survey showed that only 1 per cent of GPs prescribed a DMARD after this initial consultation. Most (89 per cent) gave an NSAID. Rheumatoid arthritis is often difficult to diagnose, he said, so if there is any doubt about whether to use a DMARD the patient should be referred.

Dr Elaine Hay, community consultant rheumatologist, Stoke-on-Trent, said there was a need to encourage patient compliance with more efficient monitoring of drug treatment, in which nurses and pharmacists could play a part. GPs and the public should also be made more aware of the signs of rheumatoid arthritis, and there should be fast track systems into secondary care.

Typical signs and symptoms are:

- symmetrical tender and swollen joints, mainly in the hands and feet
- fatigue and general sense of malaise
- pain and stiffness lasting more than 30 minutes in the morning and after a long rest.

IN BRIEF

Hypurin stock update

Hypurin Porcine Isophane cartridges are now available after a period of limited supply. However, this has placed pressure on stocks of the equivalent vials sa that they are now depleted until mid-January. In addition, Hypurin Biphasic Isaphane 30/70 Mix cartridges are alsa currently out of stock and supplies of the vials are critically law. This situatian is expected ta continue during January and all patients able to free mix Neutral and Isophane are being encauraged to do so.

CP Pharmaceuticals Ltd. Tel: 01978 661261.

Bioglan acquisitions

Bioglan has taken aver the marketing and distribution of the follawing products fram Zeneca: Cetavlex Cream; Exelderm Cream; Hibitane Obstetric Cream; Metosyn Cream, Diluent, Ointment and Scalp Lotion; Naseptin Cream; Siapel Cream; Synalar Cream, Ointment and Gel; Synalar C Cream and Ointment; and Synalar N Cream and Ointment. Bioglan is aiming ta keep disruptian down ta a minimum but short-term delays may be experienced.

Bioglan Labaratories Ltd. Tel: 01462 438444.

Benecol: a functional food

The latest dietary component to join the realms of functional foods is plant stanol esters.

From early next year these compounds will be hitting the supermarket shelves in the form of a margarine-type spread and a yoghurt, formulated to help reduce cholesterol in the body. Manufacturer McNeil Consumer Products will be launching the esters under the brand name of Benecol.

Plant stanol esters are produced by chemically combining the plant stanol sitostanol with fatty acids from vegetable oils. Sitostanols are produced as a by-product of wood pulp.

When ingested, plant stanol esters compete with dietary cholesterol for the micelle transport mechanism in the gut, preventing the uptake of cholesterol. Meanwhile, the esters themselves distort the micelles, preventing their own uptake so that both they and the cholesterol are excreted. This mechanism reduces the uptake of cholesterol by a half to two times.

Dietary measures can reduce total cholesterol by 5 per cent; plant stanol esters are thought to reduce it by up to 10 per cent. Statins can reduce this by between 20 and 50 per cent.

Benecol products will be premium priced and will require regular ingestion for them to have any benefit - 3g of plant stanol esters (equivalent to 8g of spread or three daily servings) are required. Cholesterol levels return to normal once the esters are withdrawn.

Those likely to benefit include asymptomatic patients and those who respond poorly to statins because of hyperabsorption of cholesterol - the esters are thought to act synergistically with statins.

Trent looks into ADRs in children

A pilot study on the reporting of suspected adverse drug reaction in children is underway in Nottingham with results expected in mid-1999.

The project, funded jointly by the Medicines Control Agency and the NHS Executive Trent, aims to encourage the reporting of ADRs in children through the yellow card scheme. The study will be conducted through a research unit set up at Derbyshire Children's Hospital.

The researchers hope to identify and investigate possible new ADRs and determine the value of extending the scheme nationally.

Rise in independents' sales

Independent pharmacy sales in the US rose by 14.3 per cent in 1997, the highest percentage in more than a decade. The figure is nearly double the 7.7 per cent increase reported for 1996, creating an average annual sales volume of $1.65 million, according to the 1998 *NCPA-Searle Digest*.

Prescription sales accounted for 79.3 per cent of revenues, a 14.3 per cent increase over the previous year. Accordingly, the sales mix of about 80-20 (Rx to OTC) was quite similar to that of UK independents, albeit with somewhat larger volumes.

The *Digest*, now in its 48th consecutive year of publication, offered some key findings extracted from the 1997 reported data. They include the following facts:

- the average proprietor's total income, salary plus pre-tax net profits, increased to $128,757 (about £80,000)
- gross margin dollars increased, as did net profit before taxes, despite a decrease in the gross margin percentage to 25.6 per cent from 26.3 per cent in 1996. This was due to a greater total sales volume and lower total expenses for the year
- the number of prescriptions dispensed in the average pharmacy was 42,811. New prescriptions made up 51.5 per cent, refills 48.5 per cent. The average prescription charge was $30.53 each, the highest figure of any nation in the world
- more than 50 per cent of the pharmacies surveyed had sales of $1-$2.5 million annually in 1997. The average independent filled 13,000 more prescriptions in 1997 than they did a decade ago.

These figures point to the fact that despite all the barriers placed before independents by managed care and other margin reducing factors, independent community pharmacists continue to manage their expenses well while increasing profits as they offer good service to their patients and to the payers.

Work rules for pharmacists raise interesting issues

The North Carolina Board of Pharmacy has adopted groundbreaking rules mandating pharmacists' maximum work hours and the availability of breaks during the workday. While the rules have drawn cheers and support from pharmacists throughout the country, they are raising some concerns on the part of pharmacy owners, independents as well as multiples.

As they stand today, employers in North Carolina cannot require their pharmacists to work more than 12 continuous hours a day. The rule also stipulates that employers must provide an opportunity for pharmacists who work eight continuous hours to take a 30-minute meal break and an additional 15-minute break during that period.

These rules will become effective 30 days after the North Carolina general assembly session begins, most likely in March or April. However, Board of Pharmacy officials do expect a legal challenge, most likely from the large corporate multiples who operate in the state.

The Pharmacy Board was overwhelmed by messages from pharmacists for taking up the subject. Not only were local employee pharmacists happy about the rules, but pharmacists from other states contacted the Board to tell them how important these new rules were.

As prescription volumes in community pharmacies continue to increase, it's becoming more and more difficult to ensure the total accuracy required in the dispensing environment. A rash of recent 'exposés' have made it appear to the general public that errors are committed almost daily in pharmacies throughout the US.

Many State Boards have begun to abandon the notion that they do not have the power to regulate the employer-employee relationship. The Boards feel that they have the authority to do something, but most of what they have looked at appears to make matters worse, rather than better. If the new rules work well, it is expected that most State Boards around the country will begin to quickly adopt similar rules.

NY pharmacists most dissatisfied with profession

Pharmacists practising in New York State are so unhappy with their jobs that only 35 per cent of them would choose to study pharmacy if they were entering college today.

Even among newly licensed pharmacists, only 46 per cent of them would go into pharmacy again. These findings are from a report released by the Pharmaceutical Society of the State of New York. The report, based on a survey of more than 1,000 pharmacists, was conducted by a highly respected market research firm.

Some key aspects of the survey, and the pharmacists' responses, were as follows:

- *If you were just beginning college today, would you choose to become a pharmacist?* Only 25 per cent of independent owners said yes to that question, 31 per cent of chain store/employee pharmacists.
- *Do you receive a fair and competitive compensation and benefits package?* Seventy per cent of pharmacists answered yes to that question.
- *Do you receive enough time for breaks and meals?* More than 65 per cent answered no.
- *Do you have enough time to counsel patients and interact with other healthcare professionals?* More than 60 per cent said no.

The issues raised by this survey support the fact that pharmacists need some kind of regulated work environment. More than 77 per cent of pharmacists survey said that they had seen an increase in prescribing errors by physicians, an interesting comment in light of the growing concerns about dispensing errors.

Everybody wants to get into the act

As pharmaceutical care activities continue to increase in the US, the issue of how pharmacists will get their credentials and who will manage that process has moved directly into the spotlight.

Pharmacists in the US are continuing to pressure insurance companies, managed care payers and consumers alike to reimburse them for patient care or pharmaceutical care services. And more and more of these payments are being made to pharmacists who counsel and manage patients with diseases such as diabetes, asthma and hypertension. Many of these pharmacists are marketing their services to consumers, positioning themselves as 'experts' in these specific areas, some without any formal training.

A new group has been formed to set some standards for pharmacists' 'credentialing'. This group is known as the National Institute for Standards in Pharmacist Credentialing (NISPC). Its members include the American Pharmaceutical Associations (APhA), the National Association of Chain Drugstores (NACDS), the National Community Pharmacists Association (NCPA, formerly known as NARD) and the American Society of Health Systems Pharmacists (ASHP).

But, to confuse matters just a little, another group, know as the Council on Credentialing in Pharmacy (CCP), has also been formed. It contains seven different trade groups but not the NACDS or NCPA, who represent independent and multiple pharmacy owners.

This legislation, and the possibility of it becoming more national in nature, has set off a chain reaction. As a famous American entertainer, Jimmy Durante, once said: "Everybody wants to get into the act". While the leaders of the various trade groups are making many statements which indicate that they will all get together someday, at this moment, pharmacists, payers and patients are all a little confused about just who is being 'credentialed' by whom to do what.

The NVQ level 3 – Pharmacy Services for dispensing technicians makes good professional and business sense. Charles Gladwin looks at what's involved

Dispense with your NVQ worries

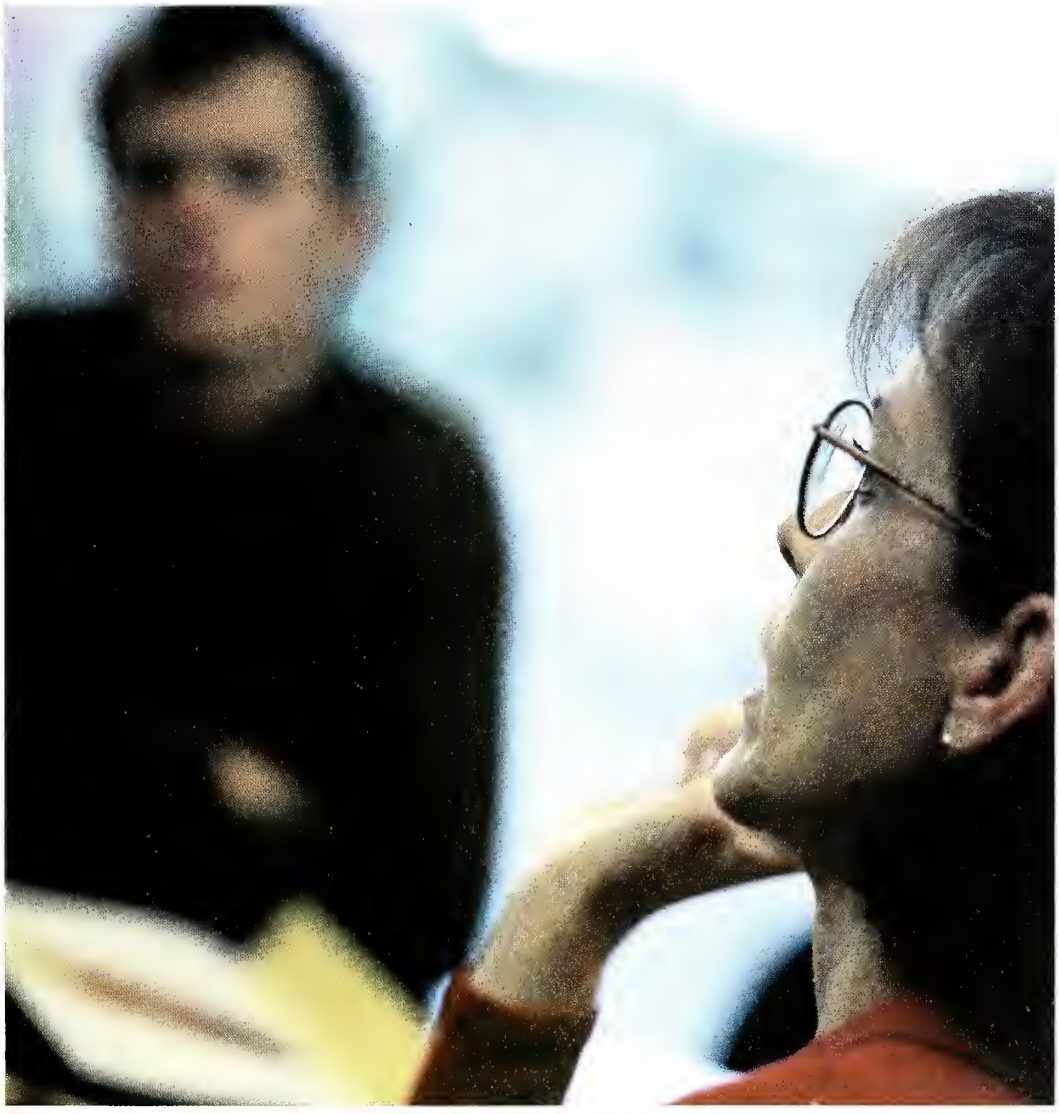
Too many who believe themselves university 'educated', the initials NVQ may suggest 'not very qualified'. Tabloid headlines about GCSEs and A levels becoming easier may have given National Vocational Qualifications a bad name. But the two types of learning should not necessarily be grouped together.

As the name suggests, the NVQ is centred around the job, rather than being academically based, and is a qualification that has had a lot of input from the employers, rather than the ivory tower academics. As such, it should enable NVQ holders to perform more efficiently within their workplace.

Unfortunately, when it comes to training dispensary staff, there is still a significant number of pharmacists with a low regard for the NVQ, probably because they are not fully aware of what an NVQ entails.

The Royal Pharmaceutical Society's skill mix proposals are still out for consultation. They suggest that, by 2005, dispensing technicians must have a qualification to NVQ level 3 standard – probably one of the most stringent and educationally demanding. At level 3, it is assumed that the recipient will be taking some responsibility so is appropriate for supervisor or technician level. In academic terms, this is approximately at the same level as A or AS level.

The National Pharmaceutical Association has indicated it is not in favour of compulsory training for dispensers (*C&D* November 7, p6). But it does argue that it makes good business sense to have well trained staff in all parts of the store.



A timetable gives students the chance to have regular feedback on their performance

Developing the NVQ3

The dispensing technicians NVQ – Pharmacy Services level 3 has replaced the old dispenser training programmes offered or used by Apothecary Hall, the NPA, Boots and BTEC.

The Pharmacy Service NVQ panel included representatives from the NPA, Boots and hospital – there is a shared core learning for community and hospital pharmacy technicians – and was chaired by Ann Lewis, now the RPSGB's secretary and registrar. The NPA's own head of training, Ailsa Benson, has been closely involved in developing the NVQ from the beginning.

The NVQ award is made by one of two bodies, City & Guilds or BTEC. Both these bodies have a long track record in educational training and expect course providers to demonstrate quality, resources and expertise in their NVQ delivery.

In addition, an external verifier acts on behalf of the awarding body and will look at how the NVQ provider is running the training, keeping records and assessing students. The external verifier overlooks the work of course assessors who must be qualified to D32 or D33 level in the jargon.

Several organisations offer NVQ Pharmacy Services courses. Two which operate nationally have been developed by the NPA in St Albans, and Buttercups Training, based near Nottingham.

What's involved?

The NVQ3, provided by the NPA, is a two year process. In the first year, students follow the 'underpinning knowledge' course, covering topics such as pharmacy law and ethics, the Drug Tariff, and pharmacology. This involves a study time commitment of 20 hours for the 12 modules. Each is assessed by MCQ and case studies, marked by one of the NPA's external tutors.

Once successfully completed, students may then start working towards the NVQ qualification. Students collect performance evidence to show that their work has reached the required standard. The work involves completing seven core units for both hospital and community students, and then completing two more units specific to their work place from a choice of six.

A timetable is provided for the nine units which allows students to have regular feedback on how they are performing. This is designed to reflect the progression of the dispenser's

Further details are available from:

- Lesley Johnson MRPharmS, pharmacist training officer, The National Pharmaceutical Association, Mallinson House, 3-42 St Peters Street, St Albans, Herts AL1 3NP. Tel: 01727 832161. The NPA charges £540 per student per year, so to complete the NVQ3 currently costs £1,080
- Vanessa Kingsbury MRPharmS, Buttercups Training Ltd, Fairway, Back Lane, Normanton on the Wolds, Nottingham NG12 5NP. Tel: 0115 937 4936. The Buttercups fee is £500
- City & Guilds, 1 Gilspur Street, London EC1A 9DD. Tel: 0171 294 2468
- BTEC/Edexcel, Stewart House, Russell Square, London WC1B 5DN.

Other centres that offer the NVQ Pharmacy Services scheme include:

- The Welsh Centre for Postgraduate Pharmaceutical Education
- Pharmacy Education & Training Office (Northern)
- Quality & Nursing Director, Guy's & St Thomas' Hospital Trust
- South & West Drug Information & Training, Bristol
- United Health Care Trusts (Norwich)
- University College, Suffolk
- Matthew Boulton College, Birmingham
- Derbyshire Royal Infirmary NHS Trust
- The People's College, Nottingham
- United Leeds Teaching Hospitals NHS Trust
- West Cumbria Health Care NHS Trust, Whitehaven
- Preston College
- Swansea College
- North Middlesex Assessment Centre
- Parkside Health, London
- Royal London Trust, London
- The Wessex NVQ Centre, Southampton

List provided by the City & Guilds of London Institute

work experience. It also allows some flexibility for students to have a short career break, such as maternity leave.

Students are asked to provide some sort of evidence of what they have been doing. This can vary from a witness statement, usually from the supervising pharmacist, copies of completed paperwork (such as the end of the month returns) or photos. Some students even send in videos demonstrating how they perform a particular task. Pictures can often be very useful, as they allow assessors to see details that the students may have forgotten about when writing up their work.

At the NPA, the assessors come in to St Albans for a week at a time to go through the portfolios sent in by their students. This is quite a task as there can be upwards of 300 folders. However, quality is not lost with quantity as the assessors themselves, trained to D32 or D33 level, are assessed by the internal verifier. She looks to ensure consistency in approach and is in turn assessed by the external verifier. The system seems to work well as the appeals procedure has not had to be used yet.

As happens with the Buttercups course, an NPA assessor may also visit students to provide support and guidance. Both students and their supervising pharmacists have access to telephone support.

Buttercups' course takes a different approach. Essentially, the course is delivered in five parts comprising a total of 35 modules. Starting with a basic introduction to chemistry and physiology, the course progresses to pharmaceutics, pharmacology, law and ethics and a further pharmacology section. The pharmacology sections require three to six hours study per week on the student's part.

> "Students collect performance evidence to show their work is of the required standard"

At the end of each module, the students are assessed by completing questions and case studies, which are sent in to Buttercups for marking. Guidance is given on how to collect evidence to demonstrate competence and how to link this to the modules being studied at the time.

The course is designed to be completed in two years, but following the NVQ provider's guidelines over 48 weeks per year, the student would expect to complete the course in about 18 months. Target dates are set throughout the course. Candidates can, if they wish, progress at their own pace, so long as the course is completed within three years.

Competence in the workplace is judged by a variety of people. These would normally be the supervising pharmacist, but could include other healthcare professionals, colleagues or even customers signing to say the student does his or her job well.

Buttercups trains all the supervising pharmacists to be assessors, with a D32 course, taking about nine hours by distance learning. Pharmacists are expected to help students assess whether any additional actions are required either to either prove competence or to develop it.

Interest

As a pharmacist, Lesley Johnson, who is the NPA pharmacist training officer with specific responsibility for the NVQ, is very impressed by the standards and work put in by some of the students. She bemoans the fact that students can only ever be 'satisfactory'. "The one thing that bugs all the assessors is that there's no grading. Unfortunately we can only say whether a student reaches the required standard or not," she says.

The nature of the NVQ means that a technician becomes a good 'all rounder' as they have to find out about services such as oxygen delivery or hosiery supply, even if it is not something they would normally experience in their pharmacy. "It makes the dispenser a good support for the pharmacist," says Mrs Johnson. "It means all the routine dispensary jobs, such as stock management, completion of paperwork and heath and safety aspects, are being done to a high standard." However, she stresses that the dispenser is not replacing the pharmacist.

Demand for the NPA course is increasing. Now in its third intake year, numbers on the course increased from 300 (only two of whom were males) in the first intake to 500 this October (still under a dozen males). The NPA is now preparing to start the courses on a six monthly, rather than annual basis with the next course commencing in April next year.

Although there are no official entry or age requirements, the NPA does recommend that the student has some academic background and is working at least 20 hours a week in the pharmacy. The first year underpinning knowledge course, however, means that students reach a certain knowledge level before embarking on the NVQ proper and registering with City & Guilds. If a student has worked on the pharmacy counter and has passed the counter assistant training, this is the equivalent of a NVQ at level 2. It can be used to count as one unit in the NVQ3 course.

Pharmacist Vanessa Kingsbury, who runs Buttercups, points out that amendments are made weekly as a result of input by hospital pharmacists, community pharmacy managers and the students themselves. Feedback means that the extra guidance can be provided as well as taking on board changes in current practice. "The course content is very much alive," she says.

plus

plus

=

The new 18 pack

Now in 18 tablet packs, Imodium Plus is better value for your customers, so it's even easier to recommend. The unique diarrhoea formulation that's clinically proven to offer a new level of speed and symptom relief.* Only available through pharmacies.

More relief than loperamide alone.*

Johnson & Johnson ◦ MSD
CONSUMER PHARMACEUTICALS

For further information contact your Johnson & Johnson ◦ MSD Territory Manager or write to: Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF Tel: 01494-450778 *Ref Kaplan.M. *et al* Gastroenterology 1997; (4,suppl)

Sally Hansen® -No 1

Available from leading Boots, Superdrug, Tesco, Safeway, Lloyds, Independent Chemists & Department Stores.

For more details contact Network Health & Beauty on 01252 533317/18

NAIL TREATMENT.

WORLDWIDE BRAND LEADER.

UK MARKET LEADER DRIVING CATEGORY GROWTH.

OVER 45% SHARE OF ALL AD SPEND.*

OVER £1,000,000 PROMOTIONAL SUPPORT AND MOST CONSISTENTLY SUPPORTED UK BRAND.

HIGH QUALITY PRODUCTS SUPPORTED BY FULL RESEARCH PROGRAMME.

FULL RANGE OF MERCHANDISING AVAILABLE.

Sally Hansen®
The most trusted name in nails.

* 1997 MMS Data
Sally Hansen spent 33% more on media than the nearest nail treatment competitor

** Jan-Dec 1998

C&D asks market analyst Information Resources (IRI) to spotlight health and beauty categories that are performing well in pharmacies

Marketwatch: health & beauty aids

While family planning, hair colorants and baby wipes remain the fastest growing health and beauty markets, this week we focus on some of the other categories currently performing well in supermarkets and pharmacies alike.

Open wide

During the past year, the denture fixatives market has grown by 14 per cent in all outlets and 12 per cent in chemists. Reasons for the growth in this sector include a £0.20 increase in the average unit price and improved distribution of some brands in pharmacies.

This sector is dominated by brands from Stafford Miller, including the market leader Poli Grip Ultra which is up 22 per cent in the past year. Poli Grip Fresh and Super Poli Grip are also up by 31 per cent and 6 per cent respectively.

The other major player in the market is Procter & Gamble's Fixodent with a 16 per cent increase on last year.

The trend for growth in oral care continues with mouthwash which is up 14 per cent in all outlets and 8 per cent in chemists. In the supermarkets, own label brands maintain their slender advantage over Warner Lambert's Listerine, but the branded product is growing faster. Listerine dominates pharmacy mouthwash sales with more than 40 per cent of the market share.

Across all outlets, Colgate Plax has grown by 4 per cent while SmithKline Beecham's brands are in a state of flux. SB's biggest mouthwash brand, Macleans Active Mouthguard, is down 10 per cent year on year while the relatively new Macleans Direct Action and Mouth Patrol are going some way to make up the shortfall.

Putting on style

Haircare remains a very buoyant market with growth across all sectors including a 4 per cent increase for styling aids in chemists. Mousse is still the most popular format but gel is slowly catching up, with Studio Line (L'Oréal) and Brylcreem (Sara Lee) both performing well in pharmacies and supermarkets.

However, the biggest area of growth is wax, up 43 per cent in all outlets and 25 per cent in pharmacies. Leading this revolution is VO5 (Alberto Culver) with Shockwaves (Wella) and Andrew Collinge also making good progress.

In pharmacies, Yardley's English Lavender Brilliantine and Wild Touch (Original Additions) are showing healthy growth rates.

Ahead of shampoo in terms of value growth, the conditioners category marches on. Taking everywhere by storm is Clairol Herbal Essences (Bristol-Myers) with almost 300 per cent growth across all stores and 144 per cent in pharmacies.

L'Oréal's Elvive has boosted its sales from £11.4m to £18.3m (+60 per cent), despite a drop in price. Interestingly, the average price has risen in pharmacies but is still showing a 27 per cent increase. Of the less well-known brands, Aussie (Redmond Products) is proving successful wherever it is stocked.

Awash with sales

Still growing strongly is personal wash which is one of the largest health beauty categories. Sales for the latest year total £506m, of which £29m were in pharmacies.

The areas driving this growth (9 per cent across all outlets, 10 per cent in pharmacies) are chiefly shower products and liquid soaps although bath liquid is still the largest single sector.

The biggest mover of the year by far is Procter & Gamble's Oil of Ulay shower variant, with annual sales topping £8.5m in all stores.

Another success story is Cussons Imperial Leather Foamburst which has done exceptionally well in supermarkets with sales in excess of £3.6m for the past seven months.

Meanwhile, liquid soaps have benefited from the performance of Carex (Cussons) and Radox Supersoap (Sara Lee) – both of which continue to grow at a steady rate.

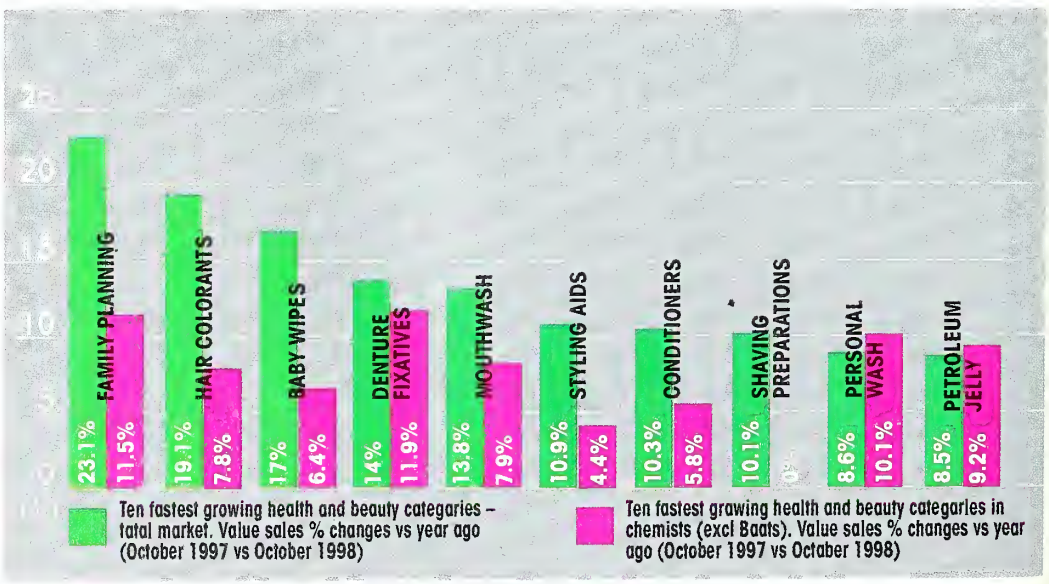
Top ten health and beauty brands

1 Pampers Baby Dry/Extra	£155,455k
2 Colgate Dental Cream	£98,715k
3 Kleenex Huggies	£80,910k
4 Pampers Premiums/ Extra	£66,778k
5 Always Ultra	£61,432k
6 Sure Body Responsive	£59,571k
7 Lynx (bodyspray)	£57,224k
8 Tampax	£53,357k
9 Oil of Ulay (facial moisturiser)	£47,891k
10 Pantene Pro V (shampoo)	£47,339k

Source: IRI 52 weeks to October 4, 1998 (value sales total market)

In the last Marketwatch (*C&D* September 26, p22), IRI provided a list of the top OTC medicine brands. Due to an error in selecting these brands, Sanatogen did not appear in the top ten (although it was 4th with £26.9m sales).
IRI would like to apologise for this omission and for any inconvenience or embarrassment caused.

The chart (right) compares the top ten fastest growing categories in the total GB market with those in chemists (including Boots and Superdrug).
These may not be the biggest health and beauty categories, but by looking at growth rather than absolute sales volume, it is possible to detect trends and, most importantly, to see which categories do best in chemists.
Growth is shown as the percentage increase in value sales for each category in the 52 weeks ending October 4, 1998, compared to the same period a year ago.



Extended role issues

John D'Arcy's article concerning 'skill' mix and extended roles for pharmacists raises interesting issues. Certainly it is hard for any pharmacist, necessarily tied to a pharmacy during opening hours, to give much time to activities outside. Employing a second pharmacist, even part-time, is often not an option.

Looking at other professions, both inside and outside healthcare, one sees that a variety of specialist practitioners exist. This is now happening in pharmacy related to primary care, adding more diversity to our profession. I would also stress that it is very helpful for pharmacists working in primary care to have recent experience as a community pharmacist.

This raises questions about the number of registered pharmacists available for work. At present, everyone except the Society seems to realise that there is a shortage. The number of registered premises is becoming a smaller part of the total need for pharmacists and hopefully the Society will take this on board soon.

Dr Brian Curwain
Christchurch

Sound advice on patient packs

Cox Pharmaceuticals is receiving an increasing number of enquiries seeking clarification on the European Directive 92/27, which requires that every dispensed medicine is accompanied by a patient information leaflet and detailed label information (including the batch number and batch expiry date) from January 1.

The legal position is that in the UK responsibility for organising implementation of the Directive rests with the Medicines Control Agency (Department of Health).

The Medicines Control Agency issued a set of proposals (MLX 247) for consultation to interested parties (pharmaceutical companies, health professional organisations, patient groups etc) in September 1998.

One of the MCA proposals was that quantities of loose leaflets and labels could be provided by manufacturers with bulk containers of medicines supplied to pharmacies.

The consultation exercise from the MCA is still ongoing. There is, therefore, no requirement for pharmacists' dispensing practices to change either now or on January 1.

MLX 247 included the statement: "The date for the implementation of the amendment to the Marketing Authority Regulations will be decided when ministers have considered the issues raised by consultation."

Once agreement is reached on how and when Directive 92/27 will be implemented in the UK, you should be assured that Cox Pharmaceuticals will move to meet its legal and professional responsibilities as speedily as possible.

To conclude, no agreement has yet been reached on the UK implementation of the European 'labels and leaflets' Directive 92/27. Until that agreement is reached, no change in dispensing practice is required.

Paul A Fleming
Director of Regulatory Affairs, Cox Pharmaceuticals

Barry Shooter Pharmacies, based in north east London, celebrated the start of their 30th Christmas trading period with a staff training and social evening at Chigwell Manor Hall. Staff with over 20 years' service collected bouquets, while proprietor Barry Shooter (right) presented NVQ Retail Level 2 certificates to two members of staff. The evening was sponsored by Warner Lambert Consumer Healthcare

UniChem rewards Business Initiatives

At a sparkling Gala Dinner held on 13th November, UniChem celebrated 60 years of dedicated service to independent Pharmacy. The company also presented prizes to the winners in the first year of its Great Business Awards.

Held at the National Motorcycle Museum, Birmingham, the dinner was a gathering of notable figures from right across the Pharmaceutical industry. Pharmacists and manufacturers joined with UniChem directors and staff to celebrate and applaud both UniChem and the winners in the Awards scheme.

A panel of industry experts which included Peter Curphey from the Royal Pharmaceutical Society, Neil Williamson from the NPA and Ailsa Colquhoun, Editor of Community Pharmacy had worked their way through the entries eventually arriving at a winner in each of the 4 categories and one overall winner. All the winners had shown the energy and determination to succeed as independent pharmacists. Whether it was starting from scratch or fighting the competition, all had taken initiatives and prepared strategies that were worthy of an award.

Chris Etherington, Managing Director of UniChem Ltd, presented the awards and noted the "strong commitment to succeed" amongst all the entrants. Mr Etherington affirmed UniChem's continued strong support for independent pharmacy and was delighted to present the series of awards to individuals who had clearly demonstrated that they were prepared to introduce new ideas and thinking to drive their business forward. All had faced an element of risk but all were prepared to forge ahead.

The winners of each category received a contribution of £1000 towards the holiday of their choice whilst Lisa Martin, the overall winner, was awarded two places on UniChem's 1999 Convention to be held in Malaysia.

"GREAT BUSINESS" AWARDS

Sponsored by UniChem

Roche Diagnostics were named "most supportive manufacturer of pharmacy" for the launch of the Glucotrend Soft Test System. Roche were presented with a silver salve to commemorate the occasion.

Alex Grant of Roche Diagnostics receives the Manufacturer's Award.

Judges for the Awards were (l to r) Peter Curphey, Royal Pharmaceutical Society, Ailsa Colquhoun, Editor Community Pharmacy, and Peter Skinner representing UniChem Ltd. Neil Williamson of the NPA was unable to attend.

On this great night of celebration, UniChem and their colleagues raised some £10,000 for the Crocus Trust, a charity which provides medical and care support in the field of bowel Cancer.

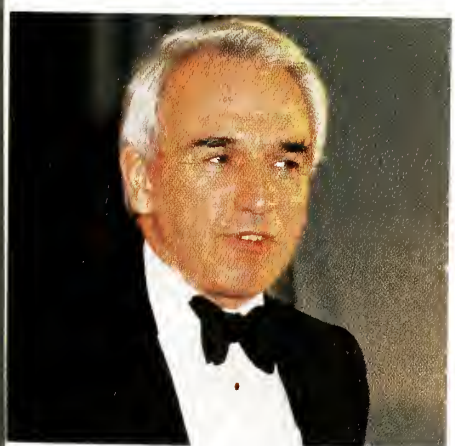
The evening concluded with dancing into the small hours. UniChem's 60 years have seen many changes in the industry. UniChem's Great Business Awards provide a very real reward to those independent pharmacists who recognise the need to adapt to the changing face of their working environment. Next year could be your opportunity to gain the acclaim of your peers as you demonstrate how you have succeeded.

David Johnson receives his certificate as the winner of the "Building Relationships in the Community" category.

Freddie Ahad won the "Recent Acquisitions" category.

Aileen Watson winner of the "Innovative New Retail Layout" category.

Chris Etherington, Managing Director of UniChem Ltd presents Lisa Martin with her certificate as overall winner.



Roger Springall, Consultant Surgeon and Co-Founder of The Crocus Trust explains to the audience the aims of the charity.

WINNERS

OVERALL WINNER
LISA MARTIN
of FOUR MARKS PHARMACY

1 CATEGORY
TRAFFIC GENERATING INITIATIVES
INDIRA PANCHAL
of MEIKLEJOHN PHARMACY

2 CATEGORY
BUILDING RELATIONSHIPS IN THE COMMUNITY
DAVID JOHNSON
of GIDLOW PHARMACY

3 CATEGORY
INNOVATIVE NEW RETAIL LAYOUT
AILEEN WATSON
of TABLETS PHARMACY

4 CATEGORY
RECENT ACQUISITIONS
FREDDIE AHAD
of C. E. HARROD CHEMISTS

SPECIAL AWARD -
MANUFACTURER MOST SUPPORTIVE OF PHARMACY
ROCHE DIAGNOSTICS

DIAMOND ANNIVERSARY
1938 UniChem 1998

Work together in new NHS call

National Prescribing Centre director Clive Jackson has warned that pharmacists need to work together as the new NHS strategy comes on stream.

The new NHS holds major opportunities for pharmacists, he said last week. "You've got to grasp these opportunities, and to do that you need to develop a clear understanding of the environment you are working in, the drivers of that environment and the key local players.

"More importantly, we have to have a co-ordinated approach across the pharmaceutical profession and we have to tailor that approach so that it meets the needs of the individuals and groups we are trying to influence.

"The profession as a whole has to work together, particularly locally, to achieve these objectives, and this will need local advocacy and national leadership."

Mr Jackson was addressing local pharmaceutical committee representatives at a Pharmaceutical Services Negotiating Committee workshop on health improvement programmes (HImPs) in Birmingham.

Although the Department of Health and its regional offices will have an umbrella overview, HImPs will mean health authorities, primary care groups, local authorities, NHS trusts and community trusts will all have a duty to co-operate. In addition, the National Institute of Clinical Excellence will have a significant impact on HImPs, as will the information management and technology strategy issued by the NHS Executive, said Mr Jackson.

But the biggest single challenge will be the unified budget because PCGs will ultimately be responsible for the combined hospital, prescribing and General Medical Services monies in one fund. As PCGs evolve, taking on more responsibility for budgeting, they will also be taking on more risk, so the need to manage prescribing will become more and more important.

"Prescribing will be an early and very important priority for PCGs as an overspend will fundamentally affect spending in future years," said Mr Jackson. "It will also be an early feature of clinical governance, so pharmacists should get involved at an early stage. It's vital that pharmacy is not perceived to be outside the clinical governance 'umbrella'."

Another area to consider is Prodigy, the computerised decision support system for GPs. As new drugs emerge and local policies change, pharmacists could have a role in managing Prodigy guidelines. Formularies will remain important in the new NHS, but how they are delivered and developed will be the key feature. The PCG Autumn Guidance is also "imminent" (see p6).

NPC director Clive Jackson

Pharmacists were advised to refer to the document 'GP Prescribing Support' issued in September by the NPC and NHSE as it has been widely disseminated through the NHS management structure. "Prescribing support will offer the best opportunity for pharmacists to get involved and the 'GP Prescribing Support' document is a good start and will provide a good framework," he told delegates.

Areas that pharmacists should consider when preparing to offer prescribing support include:

- which GP practices need support and whether they actually want it
- what type of support they need
- what support can you provide - what skills do you have, what additional training may you require
- addressing areas of possible conflicts of interest.

They should also tailor their approach to the local key players, who include: health authority management, directors of public health, HA prescribing leads, existing PCG prescribing advisers, practice prescribing leads, practice managers, patients, the public and social service leads. Experience from pilots has shown that identifying a 'local champion' from outside the profession can be useful.

However, Mr Jackson warned that the wider influencing strategy cannot be done by individual pharmacists working alone and, more importantly, it cannot be done by individual sections of the profession working in isolation. "Co-operation is essential. We have to make sure we have a clear and unified agenda."

Reinforcing the message that pharmacists need to start working together more was Birmingham's director of public health, Dr Jackie Chambers.

"The issue of competition has to be set aside. Community pharmacists should start to think about how they can set up co-operatives," she said. This would allow certain specialist roles to be developed by different pharmacists and patients could be referred within the co-operative. Overall, the whole group could benefit from the 'corporate' profit, she suggested.

Pharmacists as professionals have certain unique skills, they should not neglect them, she told delegates. "The issue of integration is about seeing yourselves as one element of the overall array of providers," she said.

Primary care groups need to get to grips with a structured approach to developing primary care locally, rather than focus on commissioning, Vanessa Barrett of the NHSE's performance management directorate told delegates. There's a lot of scope for improving the quality of information to help people take responsibility for managing their own health problems, she suggested

Dr Jackie Chambers

Organic farming campaigner calls for ban on non-medical animal antibiotics

The Soil Association, the UK's leading campaigner for organic farming, has called for a ban on the non-medical use of antibiotics in agriculture.

In a report published this week it also wants:

- a ban on the advertising of antibiotics directly to farmers
- the prophylactic use of therapeutic antibiotics to be restricted to cases of genuine need and made available only as part of a planned disease reduction programme involving changes in housing, feeding and management practice
- responsibility for the safety evaluation of veterinary medicines to pass to the proposed Food Standards Agency (FSA)
- the FSA to co-ordinate all government departments, agencies and other bodies with a statutory involvement in regulating antibiotic use on farms
- the Government to set up a surveillance system for antimicrobial resistance, similar to that for antimicrobial agents.

The Soil Association also recommends that veterinary surgeons should charge directly for advice and recoup a smaller proportion of their income from the sale of drugs. It wants veterinary and agricultural colleges to place greater emphasis on teaching drug-free preventive medicine. The association also found a rift between the British Veterinary Association and the pharmaceutical industry over the advertising of Prescription Only medicines to farmers. The BVA believes there should be no advertising in the farming press.

The report, 'The Use and Misuse of Antibiotics in UK Agriculture', says that the EU's Agriculture and Rural Affairs Commissioner, Franz Fischler, has proposed a ban on four of the eight antibiotics licensed for growth promotion in farm animals. The move follows concern that their routine use may be a significant factor in increasing drug-resistant disease in humans. The Commissioner has proposed a six-month phase out of the antibiotics virginiamycin, tylosin phosphate, spiramycin and zinc bacitracin. Britain would still have five antibiotics licensed for use without a veterinary prescription.

PCGs may bulk buy drugs warning

Prescribing influence and the threat of bulk purchasing by PCGs were discussed at the Wessex NHS Forum, writes Jackie Ruffle

Community pharmacies could be severely affected by primary care group initiatives to buy certain drugs in bulk and have them dispensed through hospital pharmacies.

Some GP practices are already considering how to use their new purchasing muscle to capitalise on economies of scale. Elsewhere, arrangements for PCGs to pay hospital pharmacies a fee to dispense drugs bought in bulk are being considered.

Dr Charles Lewis, chairman of the Portsmouth Commissioning Pilot Project and the lead GP for the Portsea PCG, warned that some PCGs "are considering the bulk purchase of injectables and are likely to start with holiday travel vaccines and flu vaccines". He was speaking to a multidisciplinary audience at the Wessex Pharmaceutical Group NHS Forum last month.

Pharmacist Linda Stone said that the survival of some rural pharmacies hung on a fragile margin. Undermining profitability could mean closure and the loss of a valued service to the community. As the pharmacies closed, GPs could lose out in other ways with an increased burden on their time and additional prescribing costs.

Dr Lewis had indicated, though, that all PCGs will employ pharmacy advisers to advise on the most appropriate treatment options. They would also help GPs negotiate with hospital specialists and formulary committees on issues such as alternatives to expensive medicines initiated by hospital specialists.

He cited personal experience of the value of employing pharmacists as part-time advisers: a predicted overspend of £100,000 on the aggregate budget of 15 participating general practices had been converted to an underspend of £60,000 by the intervention of pharmacists.

The practices had agreed to share prescribing cost data and problem practices were identified. The pharmacists then worked with the practices to rationalise prescribing, including the introduction of a generic prescribing policy for all computerised repeat prescriptions. This pushed the groups generic prescribing rate to 79 per cent, ahead of the national average of about 50 per cent.

"We found this very much easier than anticipated," he said. "We felt pleased that we'd achieved rationalisation of our prescribing without any reduction in clinical efficacy. Very few patients wanted to revert to their previous medicine."

Pharmacy advisers will be supported by a much more effective drug information service, a drug information pharmacist predicted. Thorough evaluations of new and old products would be disseminated from regional to local drug information providers for formulary support purposes. GP formulary packs would be sent to PCG pharmacy advisers too, said David Hands, principal pharmacist for the South & West Drug Information Centre.

In future, new drug evaluation would begin a year or more ahead of launch with intelligence gathering and privileged access to company data, he said. This would mean that a detailed assessment of a drug's potential would be available by the time new products reached the market, rather than six months afterwards. The Drug Information Pharmacy Group would also be feeding in data to the National Institute for Clinical Excellence.

Other GPs commented that there is a growing readiness for GPs to forgo individual prescribing freedom and conform to district formularies devised with a heavy input from pharmacists.

Dr Rod Smith, lead GP for Reading Thames PCG, said GPs would welcome guidance from pharmacists on prescribing and conformity with formularies would be reinforced by peer pressure. The supporting evidence base for drug choices included in a formulary would be very useful.

Isle of Wight GP and MP Dr Peter Brand added: "Having a PCG formulary will get rid of maverick and ineffective prescribers."

Gloomy Christmas in store

Forward looking indicators point unambiguously to slower growth, but business forecasts and surveys are increasingly signalling a recession ahead. Adding to this unseasonable pessimism, a new report warns that this Christmas could be the worst for two decades for Britain's retailers: the relatively good news, however, is that convenience lines such as toiletries are expected to escape the downturn.

High-Street sales in November are set to have risen overall by just 0.8 per cent on the levels of 1997, and by just short of 3 per cent in December. That is the view of Verdict Research, which notes that this growth rate is much lower than retailers have come to expect, "but may herald great news for bargain hunters" as efforts are made to reduce excess stock in the shops.

But what is the outlook on the broader economic scene? Oxford Economic Forecasting and the London Business School say, in their latest *Economic Outlook*, "The UK economy is flirting dangerously with recession." The list of things that could trigger outright recession next year is worryingly long, it says, but it is the "abysmal state of domestic confidence", rather than economic fundamentals, that poses the threat.

In the latest of a raft of gloomy predictions, the CBI has again slashed its forecast of economic growth. It now expects GDP will increase by an average 0.7 per cent in 1999 - 0.5 percentage points lower than its August estimates - and to 1.8 per cent in 2000. This follows estimated growth of 2.7 per cent this year. "If the run down of stocks is quicker than we expect, we could yet fall into recession in the first half of next year," adds Sudhir Junankar, CBI associate director of economic analysis.

The Confederation predicts a marked slowdown in household consumption growth, to 1 per cent next year and 1.6 per cent in 2000, following an estimated 2.7 per cent increase this year. Underlying inflation is expected to be 2.3 per cent at the end of next year and 2.5 per cent by the fourth quarter of 2000.

Official figures on total household spending reveal an annual volume increase of 2.8 per cent in the third quarter of this year. This is the same annual rate as in the second quarter, but compares with a 4.2 per cent growth in the first quarter of 1998.

The increase in spending in the nation's stores during the three months to October slowed almost to a standstill, according to estimates. These suggest sales were just 0.1 per cent higher than the previous three months, and October was the second consecutive month in which volumes fell. The latest data on sales of pharmaceutical, medical and toiletry products indicates that, in value terms, business improved at an annual rate of 6 per cent in September - in August there was an 11 per cent improvement.

Evidence from the British Retail Consortium confirms that October was a tough month for virtually every sector of retailing, with like-for-like sales 0.6 per cent lower than in the same month last year.

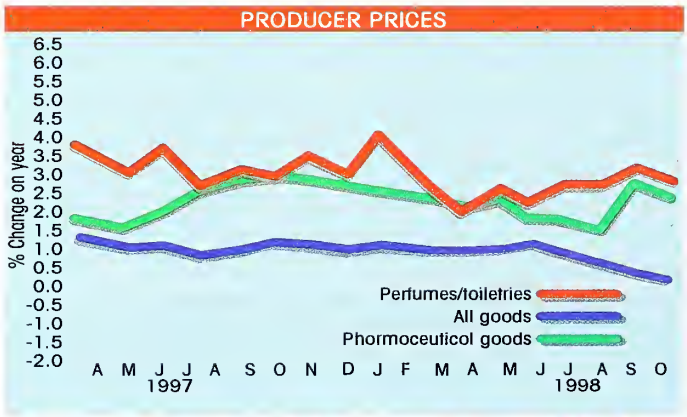
A similar picture emerges from the CBI retail survey, with overall volumes down in October, following a slight improvement the previous month. The underlying trend in sales growth moderated further, to the lowest annual rate of increase since September 1995. Retail pharmacists were one of only four sectors to report year-on-year growth during October.

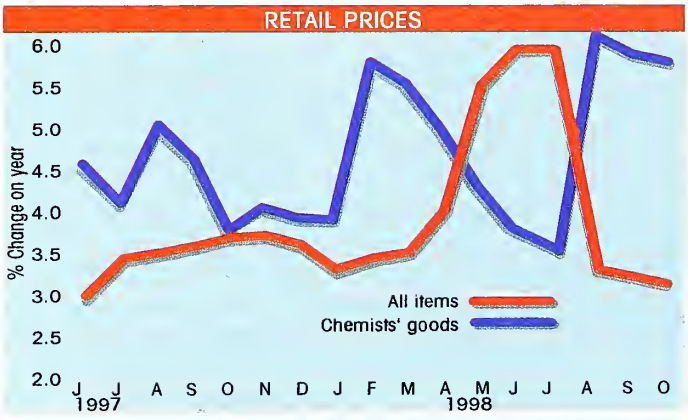
Slowing domestic demand and the difficulties of winning export business, have put manufacturers in the doldrums. Third quarter estimates show factory output dropped by 0.1 per cent. The CBI's industrial trends survey for November indicates that manufacturing recession is looking increasingly likely, with order books at their thinnest since 1992 and output expectations for the coming four months, the lowest since 1991.

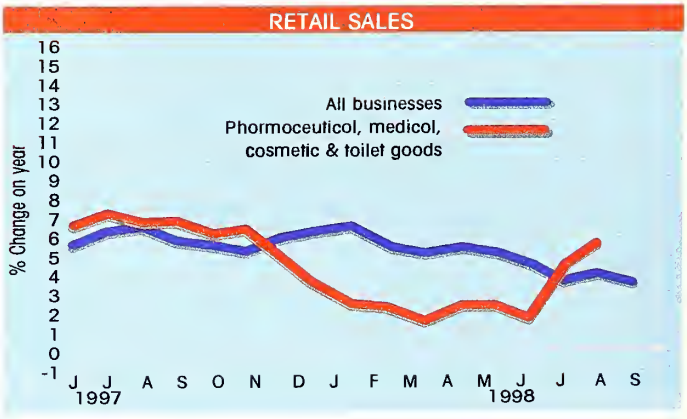
Producers of pharmaceuticals and consumer chemicals had earlier predicted that orders and output are set to fall over the coming months and most expect to hold their factory gate prices steady.

	Latest	% change on previous period	% change on previous three periods	% change on year
PRICES AND COSTS				
Retail prices (Jan 1987 = 100)				
All items	Oct	0.1	0.9	3.1
Chemist's goods	Oct	0.1	0.6	5.8
Producer prices (1990 = 100)				
Manufacturing industry, excl food	Oct	-0.1	-0.4	-0.3
Chemical industry	Oct	-0.4	-0.4	-4.0
Pharmaceuticals	Oct	-0.1	1.7	2.3
Perfumes & toilet preps	Oct	0.2	0.3	2.9
Lip & eye make-up preparations	Oct	0.0	0.0	-7.7
Dental & oral hygiene preps	Oct	0.0	0.2	0.5
Shaving preps, deodorants	Oct	0.6	0.8	1.8
Adhesive dressings	Oct	0.0	0.0	0.7
Average earnings (Jan 1990 = 100)				
Whole economy	Aug	0.1	-0.5	4.5
Chemicals, chemical products	Aug	-2.0	-0.1	4.4
OUTPUT (1990 = 100)				
Chemicals, man-made fibres	Q3	0.4	1.6	0.3
Pharmaceutical products	Q3	0.7	0.9	3.3
Perfumes, cosmetics, toiletries	Q3	3.7	15.0	6.9
SALES				
Consumer expenditure (current prices)				
Total, £bn	Q3	0.4	1.2	3.8
Retail sales (value, 1990 = 100)				
All retail businesses	Oct	4.3	0.8	1.8
Chemists	Sept	-4.3	0.9	5.7
OTHER BUSINESS INDICATORS				
Consumer credit – net lending (£m)	**Sept**	**6.1**	**3.0**	**19.6**
Unfilled vacancies ('000)	**Oct**	**6.4**	**-1.1**	**-10.0**
Claimant unemployment (%)	**Oct**	**1.3**	**-1.1**	**-10.0**

Sources: Central Statistical Office, Department of Employment







Astra and Zeneca in £42bn merger

Zeneca and Astra have decided to merge into a $67 billion (£42 billion) pharmaceuticals and agrochemicals conglomerate called AstraZeneca.

As news of an imminent merger filtered through on Tuesday, Zeneca's shares shot up 100p to 2,520p. When both companies formally announced the merger agreement on Wednesday morning, Zeneca's price soared another 110p to 2,630p.

The move ends years of rumours about Zeneca's future, which were heightened earlier this year when SmithKline Beecham and Glaxo Wellcome announced their merger talks. While Sir David Barnes, Zeneca's chief executive, has never ruled out the possibility of mergers or acquisitions, he has always stressed Zeneca's strength as an independent company.

Astra and Zeneca described the deal as a merger of equals; Astra's shareholders will hold 46.5 per cent of AstraZeneca's stock, while Zeneca's shareholders will own 53.5 per cent.

AstraZeneca would have *pro forma* 1997 sales of $511.5 billion, which would make it the world's third biggest pharmaceutical company and the second biggest in Europe. Its combined research and development spend would total $1.9 billion - the third largest in the global pharmaceutical industry.

The conglomerate said it would be the world's number one in gastrointestinal products, and local and general anaesthesia, number two in oncology, number four in respiratory and number five in cardiovascular.

Given its size, AstraZeneca will indirectly put pressure on SmithKline Beecham and Glaxo Wellcome to resurrect their merger talks.

AstraZeneca will trim down its operations to remove unnecessary duplication. The cuts, along with economies of scale and the more efficient use of their resources, are expected to save AstraZeneca about $1.1 billion by the third year of the merger. Two-thirds of these savings are expected within two years of the merger.

Sir David Barnes, AstraZeneca's deputy chairman

AstraZeneca said the restructuring would lead to 6,000 redundancies worldwide.

AstraZeneca's board will have 14 directors drawn equally from both companies: Percy Barnevik, chairman of Investor AB, one of Astra's largest shareholders, will be chairman; Tom McKillop, formerly Zeneca Pharmaceuticals' chief executive, is chief executive; and Sir David Barnes, Zeneca's chief executive who was due to become its chairman, has been appointed joint deputy chairman with Håkan Mogren, formerly Astra's president.

The deal is a coup for Dr McKillop, who was due to replace Sir David as Zeneca's chief executive next year. Sir David, in turn, has a less hands-on role in the new company. Sir David will advise and support Dr McKillop and will have some executive duties, but he will not be a member of the company's executive management team.

The merged company's headquarters will be in London, its research and development base in Sweden, and other R&D centres will be in the US and the UK. It is expected to be listed in London, Stockholm and New York.

Zeneca will retain its agrochemical business and is still looking to divest its speciality chemicals subsidiary.

Mr McKillop said: "Astra and Zeneca are a perfect fit in terms of highly complementary product portfolios as well as sales and marketing organisations. A similar management philosophy together with a strong science-based culture make the companies natural partners."

Mr Barnevik said the merged company would see "considerable growth in the years ahead".

AstraZeneca, meanwhile, will continue to break off Astra's ties with Merck in the US joint venture: Astra Merck. Merck will not have any rights on Zeneca's products, nor those of AstraZeneca, which will pay Merck about $1.69 billion for its interest in product sales other than Prilosec and perprazole.

Zeneca will hold an extraordinary general meeting, as soon as possible, to pass the necessary merger resolutions.

AAH pharmacies prepare for niche healthcare pilot

AAH Pharmaceuticals has selected 40 pharmacies around the UK to pilot patient health services in January.

The outlets' pharmacists are attending training sessions - over a fortnight - to learn about diagnostic equipment, patient interaction, clinical interaction and how to take blood samples professionally and ethically.

AAH compiled the programme with the help of Pathology Management Co and VHR Pharmaceuticals, who have also supplied diagnostic equipment for the pilot.

Dr Mandeep Mudhar, who was poached from Aston University's pharmaceutical sciences department to become AAH's professional services manager, said the first health packages to be piloted would include cholesterol and allergy testing, *H Pylori* detection and osteoporosis screening.

Throughout the trial period, pharmacists will receive local marketing support, training advice and relevant patient literature.

Steve Dunn, AAH's marketing director, said: "We have designed the pilot to test the range of services within differing populations and to gather demographic information. Using the results we will be able to refine our professional service packages to meet customer needs, before a nationwide roll out next year."

AAH believes independent community pharmacists are fighting a losing battle if they try to compete head on against multiples. Their best hope is to market niche healthcare opportunities and develop a better local service.

The wholesaler expects the national roll-out, which will involve Vantage pharmacies, to occur in the autumn. If the demand is high, other AAH customers may also be involved.

- AAH will run a normal service in England, Wales and Northern Ireland on December 24, 29, 30 and 31. It will offer one delivery only on December 28 and will not run a service on December 25 and 26 and January 1. Normal service will resume on January 2. Local arrangements apply in Scotland - pharmacists should contact their local branch for a schedule.

Sanofi and Synthélabo in £26.3bn merger

Sanofi and Synthélabo, both based in France, are planning to merge into a £26.3 billion company called Sanofi-Synthélabo.

The new company will be the 19th biggest pharmaceutical firm in the world, in terms of turnover, and will have its headquarters in Paris.

Combined healthcare sales topped FFr30 billion (£3.3bn) last year and are expected to reach FFr35 billion this year. Sanofi-Synthelabo's pharmaceutical products are concentrated in four areas: cardiovascular/thrombosis, central nervous system, oncology and internal medicine. Major UK brands include Aprovel and Plavix.

The merger, according to, Sanofi-Synthélabo, should boost its profits by FFr1.3 billion in 2002. And it will annually spend about FFr5.7 billion on research and development.

Sanofi's beauty business, whose brands include Yves Saint Laurent, will be sold.

The company's UK subsidiaries are Sanofi Winthrop (SW), based in Guildford, Surrey, and Sanofi Animal Health in Watford, Hertfordshire. SW said it was too early to gauge how the merger could affect its operations.

Sanofi-Synthélabo's major shareholders include Elf, which would have a 35.1 per cent stake and about 45 per cent of voting rights, and L'Oréal, whose stake would be 19.4 per cent, with 25 per cent of voting rights.

The merger agreements will be submitted to both companies' shareholders for their approval next May.

COMING EVENT

MONDAY, DECEMBER 14

Bromley Branch RPSGB, at the Frognal Centre, Postgraduate Education Centre, Queen Mary's Hospital, Frognal Lane, Sidcup, 7 for 8pm. 'The Fragrant Pharmacy'. Speaker: Mr David William, MRPharmS, teacher of perfumery.

Nucare assesses discount clawback

Contractors learnt last week of the full extent of the discount clawback for 1998-99. Chandra Shah FCA, finance director at Nucare, takes a brief look at the cash flow, profits and tax implications resulting from it.

The recently announced discount clawback amounts to £65.6 million globally, and relates to £27.8m overpayment for the year to March 1998 and £37.8m overpayment for the eight months from April 1998 to November 1998. For an average contractor this is equivalent to a clawback of just over £6,000.

The table below shows how, compared with your present deduction, further monies will be taken away over the next 16 months from December 1, 1998, based on your ingredient costs (SDR NIC). This will affect your cash flow.

It would be prudent to make a provision in your year-end accounts for overpayments, otherwise your profits will be overstated and you pay more tax than you need to for the year. Deferring the tax payment will also improve your cash flow.

It is estimated that for an average account the overpayment between April 1997 and March 1998 is 0.3 per cent each month. Between April 1998 and November 1998 it is 1.33 per cent. From December 1998 to March 2000 overdeduction is estimated at 1 per cent. Consult your accountant to help you with your own year-end accounts and your own NHS sales.

Proprietors may also wish to take account of the provision of any adjustments that may arise from copy invoice reports for 1997 and 1998-99, which are not yet finalised, when the results of the April 1999 discount enquiry are agreed with the Pharmaceutical Services Negotiating Committee.

Additional deduction of monies over 12 months from December 1

Monthly ingredient cost	April 98 (old) deduction rate %	Dec 98 (new) deduction rate %	Change in deduction rate %	Net new sum deducted per annum
£5,000	5.34	9.02	3.68	£2,210
£10,000	6.94	10.29	3.35	£4,020
£15,000	8.18	11.68	3.45	£6,210
£20,000	8.92	11.68	2,76	£6,620
£25,000	9.55	11.68	2.13	£6.390
£30,000	9.73	11.68	1.95	£7,020
£35,000	9.85	11.77	1.87	£7,850
£40,000	9.85	11.88	2.03	£9,740

Cox in battle over opiate import licences

Cox Pharmaceuticals this week launched a High Court battle for the right to import powdered opiates, for analgesic use, from overseas suppliers.

The company claims it could save up to £200,000 a year if it could buy two powdered opioids - dihydrocodeine tartrate and codeine phosphate - from suppliers in Australia and Hungary.

Cox was refused a licence to import the class A substances direct from the non EU member countries by home secretary, Jack Straw, last October. It has, however, been granted two licences to import them from Italy.

It objects to having to buy opiates from the only UK manufacturer, Edinburgh-based Macfarlan Smith Ltd. As Macfarlan Smith is the only company allowed to import concentrated poppy straw or opium, it is the sole or dominant UK supplier for opioid analgesics, claims David Pannick QC, for Cox Pharmaceuticals.

Opening a High Court judicial review hearing last Tuesday, Mr Pannick, said: "We do not dispute the need for tight control over the production, handling and supply of narcotic drugs. Our complaint is that those objectives are not put forward in a proportionate manner in prohibiting importation from Australia and Hungary."

It makes no sense, he added, to allow movement within the European Community, but to prohibit imports from Australia and Hungary.

Richard Plender QC, for the home secretary, argued that there is no commercial reason for the current policy, only the need to stop the diversion of narcotics to the illicit market. Mr Straw's decision does not infringe the EC Treaty or Community Law, he said.

The DoH claims that its decision is in support of the United Nations Single Convention on Narcotic Drugs 1961, which seeks to minimise the needless movement or build up of such drugs. The hearing continues.

UniChem begins new format financial seminar to be up to date with business law

Seventy pharmacists in south-east England recently went to a new style UniChem financial seminar to learn about the latest business laws and directives.

Unlike UniChem's earlier financial seminars, which would cover one topic, the latest format involves speeches on three issues and is said to devote more time to a question and answer session.

The event - chaired by Mike Smith, one of UniChem's non-executive directors - was open to both UniChem customers and other pharmacists.

Its guest speakers were Peter Stevens, from solicitors Thomas Eggar Church Adams, who talked about the European employment directive concerning working time regulations; Gerry Jackson of the UK200 Group of chartered accountants, who spoke on new capital gains tax guidelines; Dennis Green of Comsure and Colin Jones, from the GA Group, advised pharmacists on how to improve the security of their pharmacies to benefit from lower insurance premiums.

A repeat seminar is due on January 12 at Haydock Park, Merseyside.

Guest speakers and UniChem representatives at the seminar: (l-r) Gerry Jackson, Dennis Green, Peter Stevens, Mike Smith, John Jaquiss and Colin Jones

Classified

Appointments £27 P.S.C.C. + VAT minimum 3x1. General classified £25 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Alex Hancock, Chemist & Druggist (Classified), Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377421, Internet: http://www.dotpharmacy.co.uk. *All major credit cards accepted*

VISA DELTA Access SWITCH

APPOINTMENTS

For the right chemistry think UK . . .

. . . think Jenrick

Vacancies throughout the UK for pharmacists.

Well paid opportunities in hospitals, the community and the fast growing multi-site arena. Add Jenrick to the equation.

Perfect chemistry.

For long or short term contracts throughout the UK you should be weighing up Jenrick Medical.

Jenrick Medical

145-147 Frimley Road, Camberley, Surrey, England GU15 2PS
Tel 0800 585 482 Fax 01276 676050
Email medical@jen-med.demon.co.uk

jk

understanding healthcare from the inside out

FUJIFILM ROPE 12851 DX ORMS

DISPENSERS!!
DISPENSERS!!
DISPENSERS!!

London Area

ARE YOU LOOKING FOR A CHANGE OF CAREER BUT IN THE SAME INDUSTRY?

EARN UP TO £25K WITHIN THE FIRST YEAR.

INTERESTED??

Please send your C.V. to Box No: 3548

CHEMIST & DRUGGIST
Miller Freeman House,
Sovereign Way, Tonbridge,
Kent TN9 1RW

DAY LEWIS **CHEMIST** *We Care* DAY LEWIS

An opportunity has arisen for an experienced and enthusiastic pharmacy technician to join a busy but friendly pharmacy in the Brighton area.

Excellent salary package, opportunities available to further your career.

Please contact:
Mr Peter Glover
on 01732 452452
(9am-7pm)
or send CV to:
Mr P. Glover,
2 The Square,
Riverhead,
Kent TN13 2AA

London W5

Pharmacist Manager with wide experience in merchandising and sales to manage a high street branch and to assist in the management of a group. Exceptional remuneration package to include salary and expenses for suitable candidate. Two bedroom accommodation can be made available as part of the package.

Please fax a current CV
01344 891003
Then telephone 0181 579 7340

PHARMACIST
Required

2-3 days a week on permanent basis.

Apply in writing to:
David Bingham Esq.
Market Hill,
County Armagh
BT60 1RB

NORTH CHEAM AND MORDEN

Moss Chemists require a full time Dispensing Technician for each of their branches in North Cheam and Morden. Competitive rates of pay.

For further information please contact Caroline Burt on
0181 818 0959

LECTURER IN PHARMACY

Part time opportunities to teach Pharmaceutics and Pharmcology Modules at National Certificate Level.

A degree in Pharmacy and teaching experience preferable, currently practising in Pharmacy would be advantageous.

For further information contact:
Personnel Office, Stow College.
Tel: 0141 332 1786

Find your next job ... on the Net

.dotpharmacy

http://www.dotpharmacy.co.uk

BUSINESS BUILDERS REQUIRED

Our Client is a young and extremely ambitious, specialist pharmaceutical wholesaler, supplying a highly focused range of Generic products to retail pharmacists.

Their growth rate is meteoric and they have the backing of a £multi billion parent group to build and develop resources, which will sustain these growth rates into the future.

The company culture is professional, fast moving and flexible, overlaid with considerable commercial awareness, meeting customer needs profitably.

They now have five brand new opportunities for achievers whose style and values fit this culture.

National Sales Manager

(Sales Director Designate)

SALARY c£40K OTE £50K + POTENTIAL TO EARN MORE

EXECUTIVE CAR **LOCATION: FLEXIBLE**

REF: DWP/5366

This position will report to the Managing Director. Your brief is to grow the business in terms of customer base, turnover and profit. You will have personal responsibility for an account portfolio, as well as the direction and motivation of the Sales Team to ensure the highest possible standards of performance are achieved.

A background in generics is helpful, but not essential. The overriding requirement is for a professionally trained Business Manager, with a proven track record of success in opening and developing business in a highly competitive environment.

Man management experience is desirable, or you will demonstrate the potential to manage and motivate a Sales Team effectively. You must be capable of operating in a smaller, fast moving company environment and possess strong inter-personal skills that can build relationships and bring influence to bear on performance and operating standards.

Four Account Managers

SALARY c£18K, OTE £25K + POTENTIAL TO EARN MORE

COMPANY CAR

AREAS: NORTH LONDON/ESSEX/ANGLIA - REF: DWP/5365A
YORKS/TYNE TEES - REF: DWP/5365B
SOUTH EAST/SOUTH LONDON - REF: DWP/5365C
SOUTH/SOUTH WEST - REF: DWP/5365D

Your task is to grow the business through existing and new customers, supported by a Telesales Team who manage day to day relationships. Your focus will be on opening new customers and maintaining regular contact with all key accounts to negotiate business volume and build your share of their business.

We seek results oriented achievers with proven abilities to plan, organise, prospect, negotiate and deliver results in a highly competitive industry sector. Good inter-personal skills to build strong relationships across a customer base of differing types and levels is also essential.

Interested? Fax or e-mail your CV today. Alternatively, apply in writing. On all correspondence please quote the appropriate reference to Doug Peirce, **The Illingworth Partnership,**
Search & Selection Division, The Courtyard,
24 High Street, Hungerford, Berkshire, RG17 0NF.
Tel: 01488 683881. Fax: 01488 682147.
E-mail: doug@illingworth.co.uk

Illingworth
SEARCH & SELECTION
ASSC FOUNDER MEMBER

LOCUMS

People say why We say why not!

#8 pharmacist locum agency

NATIONAL LOCUMS
Professional Pharmacy Locum Service
Top Nationwide Coverage
CALL NOW ON TEL: 0370 628791
for immediate cover
PHARMACISTS/TECHNICIANS are invited to register
Extensive cover available in Norfolk, Essex, Bristol & Kent

BUSINESS FOR DISPOSAL

Alliance Valuers & Stocktakers

The first stage in **selling** your pharmacy is to make sure it's realistically priced. Alliance Valuers' highly professional valuation team have extensive knowledge of the retail pharmacy market, based on our vast experience of consistently **selling** pharmacies nation-wide. Make Alliance Valuers your first call.

Pharmacy Agents for all of the UK & Ireland
Tel (01423) 508172 Fax (01423) 531571

Thinking about selling your shop?
I'll probably know somebody who wants to buy it.
allan orme – Pharmacy Sales and Valuations
If you aren't selling, a valuation of your business will inform your financial planning
Call me on 0467 611774 to talk it through
Allan Orme B Sc FCMA, Cornerstones, Lime Walk, Dibden Purlieu, Southampton SO45 4RB

BUSINESS WANTED

Croydon Surrey / 10 miles Radius
If you are 50 or over and you are thinking of retiring, maximise your CGT by selling now.
I would be happy to consider continued employment.
Freehold or leasehold with T/O in excess of £400k.
For a quick and confidential appraisal contact:
Mr S Amin
Tel: 0181 6604443 Day/Eve. Fax: 0181 6683253.
Mobile: 0961 121052

DAY LEWIS **CHEMIST** *We Care* DAY LEWIS

Expanding chain of over 30 pharmacies seeks to acquire pharmacies in excess of £400,000 turnover in South East England and East Anglia. Groups or individual pharmacies considered. **FREEHOLD PURCHASED.** For a quick sale please write, telephone or fax details in strictest confidence to:
Kirit Patel, Day Lewis Plc, Bensham House, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
Tel: 0181 689 2255. Mobile 0860 484999. Fax: 0181 689 0076

A fast expanding group wishes to acquire pharmacies with a turnover in excess of £350,000 in and around South East England.
Prompt decision and cash settlement.
Please Telephone: 0961 164676
in strictest confidence.

SURPLUS STOCK

SELLERS: WE HAVE HAD SUCH SUCCESS, WE NEED YOUR LIST!!!
FREE: Sell your dead stock/surplus @ 70% list >6/12, 50% list <6/12. Send your surplus drug list NOW, (include QTY and EXP) and improve your cashflow.
BUYERS: Buy offers direct from above at same price,------AND pay us 10% (VAT FREE) commission only on what you spend!!!
Send for list: **R & J PORTER (Pharmacy Drug Surplus)**
3A, Rutland Lane, Sale M33 2GG. Tel/Fax: 0161 969 1631

Business link

A free service for C&D subscribers

EXCESS STOCK

TRADE LESS 30%+VAT - 6x10 Zofran 8mg tablets (exp 4/01), 9x28 Zestoretic 20 tablets (exp 10/99), 84 Drogenil 250mg tablets (exp 10/01), 3x7 Diflucan 200mg capsules (exp 5/00). Tel: 01232 370885.

TRADE LESS 20%+VAT - 3 packs of 5 vials Recormon 5000 (exp 6/99). Tel: 0181 808 3291.

10 boxes Pulmicort Respules 0.5mg (exp 4/99), 4x30 Intal Spincaps (exp 5/99). Tel: 0181 764 4812.

TRADE LESS 25%+VAT - 3x100 Neurontin 400mg (exp 6/00), 1x100 Neurontin 100mg (exp 8/99). Tel: 01247 459575.

TRADE LESS 45%+VAT - Post free Tagamet 400mg (exp 3/99). Trade less 40% Sinemet LS (exp 2/99). Trade less 60% Denoltabs (exp 1/99). Trade less 30% 2 x OP Combivent nebuliser solution UDV (exp 11/99). Tel: 01332 663046.

25%off - Combivir (exp 12/99), Sandimmun 100mg caps (exp 8/99), Prestim Forte (exp 6/99) and others. Tel: 01204 840925.

TRADE LESS 50%+VAT+post - 20x84 Minocin 50 (exp 2001), 3x10 Fragmin 10,000IU (exp 2000), 2 Suprefact N/S (exp 4/99), 240 Calcort 6mg (exp 2001), Naprosyn supp. (exp 5/99), 8x5 Insulin Penfil Mix 10. Tel: 01708 442227.

TRADE LESS 25%+VAT - 10x30g Aquadrate cream (exp 6/99), 3x50 Prograf 5mg (exp 12/99). Tel: 0181 980 4421.

TRADE LESS 50%+VAT+postage - Aldactone 100mg (exp 4/99), Dansac Unique 2-55 (ref: 502-55), Illeodress Plus S413. Predfoam (exp 8/00), Simcare Closed Stomapouch/filter 32mm 32-330-22 (20), Lasix+K Tabs (exp 5/99), Cefuroxime 250mg (exp 3/00). Trade less 40%+VAT+Postage, Hollister 3538 32mm. Conveen 5170. Conveen 5205. Trade less 30%+VAT+postage, Parlodel caps (GB) (exp 9/01). Trade less 25%+VAT+ postage, Motilium suppositories 30mg (exp 11/00). Zofran tabs 4mg (exp 6/00). Tel: 01923 825753.

TRADE LESS 33%+VAT - 60 (12x5) Sandostatin 500mcg/1ml ampoules Octreotide) (exp 11/00). Tel: 01928 795235.

TRADE LESS 40%+VAT - 30 Trazocin iv 2.25g (exp 5/99). Tel: 0181 903 8502.

TRADE LESS 30%+VAT - 2x100 Alu-Cap (exp 01/01), 3x125ml Zovirax susp (exp 3/00), 90 Danol 200mg (exp 7/02), 96 Caved-S (exp 9/99), 95 Capoten 25mg (exp 12/00). Tel: 0171 405 1039.

TRADE LESS 25%+VAT+postage - 2x30 Axid 150mg (exp 6/99), 100 Velosef 250mg (exp 12/99), 3x Simplene 1% eye drops (exp 8/99), 74 Entocort CR 3mg (exp 4/99). Tel: 0171 735 2759.

TRADE LESS 30%+VAT - Fucidin tabs (exp 4/01), Diovan 5mg (exp7/00), Zyprexa 5mg (exp 6/00), Pergolide 250mcg (exp 9/99), Rifinah 150 (exp 7/01), Dixarit 25mcg (exp 1/03), Madopar 125 tabs (exp 6/01). Tel: 0115 9785744.

EXCESS STOCK CAUTION
Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.

PRODUCTS & SERVICES

POSITIVE SOLUTIONS LTD.

WHAT DOES EPoS STAND FOR?

Extra Profit On Sales

To find out how your business can benefit from Epos contact

POSITIVE SOLUTIONS LIMITED on 01254 833300

FRANK G. MAY & SON

PHARMACY STOCKTAKERS
LOCUMS ◆ BUSINESS SALES

The friendly family company in the South East.
Honest, reliable valuations personally directed by Keith May.
Conscientious attention to detail since 1971.

Tel/Fax: 01622 754427
Mobile: 0589 367605

SHOP FITTING

YORKLINE LIMITED

AWARD WINNING PHARMACY SHOPFITTING SPECIALISTS

Head Office	Scotland Office
Nordia House	Dirleton House
Seacroft Industrial Estate	Dirleton Lane
Coal Road	ALLOA
LEEDS LS14 2AW	FK10 1NW
Tel 0113 232 3478	**Tel 01259 723131**

APPROVED BY THE N.P.A.

SHOP FITTING

BRANDA Ltd WOODSTYLE

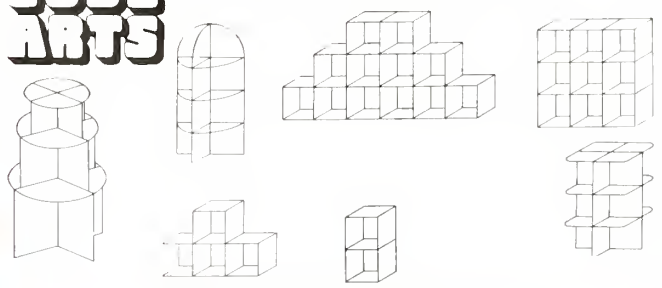
SPECIALISTS IN RETAIL PHARMACY AND DISPENSARY SHOPFITTING

QUALITY, STYLE, ELEGANCE, AFFORDABILITY

Edison Road, St. Ives, Huntingdon, Cambs, PE17 4LF
Telephone: 01480 494262 Fax: 01480 495826
N.P.A. APPROVED

CUBE ARTS

WINDOW DISPLAYS



Cube Arts Ltd, The Old School House, Rectory Lane, Banstead, Surrey SM7 3PB. Tel: 01737 359070 Fax: 01737 355800

SURPLUS STOCK

...The Stock Market

Unusual, Surplus and Short-dated Stock brokerage
Phone: 0800 458 9982
Fax: 0800 458 9983
E-mail: stock-market@chemist.com
Help us to help you
Buy and Sell Confidently, Ethically and Professionally

Business link

A free service for C&D subscribers

Free entries in 'Business Link' (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Adverts must be submitted on the coupon (right), which must be properly completed, and include an expiry date for products. Acceptance is at the discretion of the Publishers and depends on the space available. Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply. Medicines must be unopened and in original packaging.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname .....

First names .....

Address .....

..... Postcode .....

Personal RPSGB Registration number .....

Telephone Number .....

Proposed advertisement copy (maximum 30 words)

.....

.....

.....

.....

A winning shot

How does a player from Oxford United Football Club come to feature in a picture promoting the sports care section of a Hull pharmacy? Is AAH trying to economise on appearance fees while promoting the services of the Victoria Dock Pharmacy in Hull?

The truth is rather more mundane. A relative works at the pharmacy, and the lad himself comes from Hull. So why look a gift for a PR picture in the mouth, metaphorically speaking?

And the reason AAH is keen to highlight the business? Pharmacist Adam Spencer is one of the first in the country to introduce the new Vantage sport and recreational care range to his shelves. His two staff are swotting up on sporting injuries with a five module Vantage training course.

Since the pharmacy boasts a consulting room and two treatment rooms, Mr Spencer is well placed to build on interest his new venture brings.

Adam Spencer (right) with Oxford United FC's Dean Windass

Another ten make it ...

Another ten hardworking pharmacists have gained membership by examination of the College of Pharmacy Practice.

They are: Veronica Anderson (Barnard Castle), Heather Gill (Wirral), Philip Kirkpatrick (East Grinstead), Ruth Lawrence (Norwich), Richard Lowrie (Glasgow), John Milne (Motherwell), Ailsa Power (Glasgow), Nilesh Sanghvi (Ashton-under-Lyne), Maria Tracey (Glasgow), Angela Weeks (Bishop's Stortford).

Cut the waffle

The American influence is gaining the upper hand at the offices of the Association of the British Pharmaceutical Industry. But at least the PR department still knows how to cut through the verbiage – witness its latest communique:

'Do you want an opportunity for a late night conference on networking and integrating with a view to establishing ongoing, personal-based relationships that could leverage you into the front rank to those participating in inspiration exchange...

I thought not. How about a party instead?'

How could we refuse?

Searching for the ultimate solution?

We all get some pretty tempting offers through the post at this time of the year. But for the legions of long suffering people kept awake at night by gently snoring partners, the British Snoring & Sleep Apnoea Association has the ultimate answer – the first ever Snorers' Shop mail order catalogue!

Learn all about the benefits of continuous positive airway pressure, find out about the 90-day Snore No More plan, and get your copy of the best seller 'Snoring From A to Zzzz' by Dr Derek Lipman. Phone 01737 557997 for your catalogue ...

A touch of class?

In one of those champagne moments, rare in pharmacy, the whole profession can reaffirm that it is first class.

According to the new social classification unveiled by the Office for National Statistics, all pharmacists are in class 1, the higher managerial and higher professional occupations. This includes doctors, solicitors, engineers, airline pilots and teachers, as well as large employers, company directors and football managers (with a squad of 25 or more). Those who are self-employed also fall into a separate class 4 – which the ONS stresses does not mean fourth class.

The new National Statistics Socio-Economic Classification system (NSSEC) is based on a variety of indices: no longer skills and social standing, but employment conditions and relations as well as employed status. This is the first time that the means of assigning a class has changed since 1911, says the ONS.

For the higher professional occupations it is salary scales, good promotion prospects, sick pay and discretion over planning work which have contributed to pharmacy staying in the top drawer in the taxonomist's study.

But hang on. At the other extreme, class 7 is for routine occupations. It represents those on hourly pay or piece work, with no promotion prospects and few fringe benefits. Sound familiar? Perhaps the bubbly should be put back on chill.

Continuing into retirement

By one of those strange coincidences, the retirement of Rosemary Mitchell as chief executive of the College of Pharmacy Practice coincided with the issuing of the College's 1,000th continuing professional development portfolio.

Rosemary was dined out on November 30 at the Welcombe Hotel in Stratford. The dinner was hosted jointly by chairman of the CPP's board of governors, Graham Calder, and Mike Wallace, md of Schering Health Care.

And the recipient of the 1,000th CPD portfolio is David Corral, principal pharmacist at Hull Royal Hospital. The portfolio was introduced in 1995 and is regularly cited by new members of the CPP as one of the main reasons they joined.

"Without the added incentive to own a portfolio, the recent growth in College membership would not have been possible," says Rosemary Mitchell. "That 1,000 pharmacists have invested in one shows how seriously the profession now takes CPD."

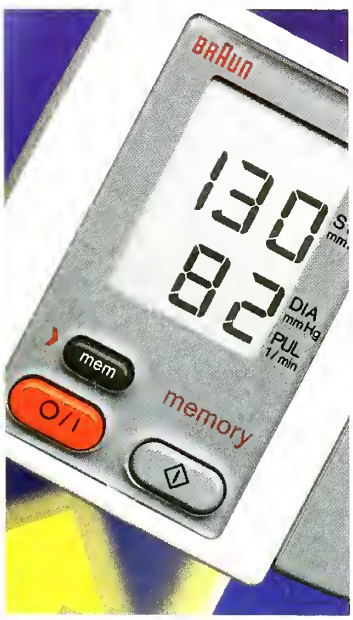
Rosemary Mitchell receives a specially commissioned Schering Award, to mark her retirement, from Mike Wallace, md of Schering Health Care

Winners of the Lloyds Pharmacy awards were announced recently at Coombe Abbey. Pharmacist of the year went to Lesley Paton (right) from Dalkeith. Caroline Groves from Basingstoke (centre) won supervisor of the year, while sales assistant of the year was Joanne Kempton (left) from Sheffield. Helping out with the presentations were Peter Hinckley (second left), sales director of sponsor SmithKline Beecham, and Michael Major, md of AAH Retail Pharmacy

Take the pressure off with the Braun VitalScan

In keeping with its reputation for innovation, quality products and driving category value, Braun is adding an automatic blood pressure wrist monitor to its growing healthcare portfolio.

Available now, the new Braun VitalScan BP 1500 provides accurate blood pressure and pulse readings in the home and work environment. Precise and easy to use, the monitor will store the last seven blood pressure readings and the carrying case provides a duel function of an armrest to ensure the correct blood pressure measuring technique.



Regular use of the Braun VitalScan will give customers the opportunity to accurately monitor for high blood pressure, recognised as one of the main factors responsible for cardiovascular disease. The introduction of the Braun VitalScan represents a major opportunity for pharmacists to develop their diagnostics business.

Features of the Braun VitalScan BP 1500

- Automatic wrist blood pressure monitor
- Accurate as traditional arm method
- Easy to read
- Large digital display
- Automatic memory of last seven readings
- Armrest for correct measuring
- Practical hard case
- Recommended retail price £69.99

The Braun VitalScan will be supported by consumer and trade press, PR and point of sale material. For further information on Braun VitalScan contact Braun Customer Services today on 0870 608 5555

BRAUN

SB

NEW
from the makers of OXY

OXY™ gen

Massive Launch Support:

- £3 Million National TV Campaign Starts 1st January
- £½ million Campaign in 'Style' Press

Breathe Life into your Sales